



MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: MOHAMED SAID ELSAYED MOHAMED FARAG	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0554978459	File No: 47685
Company Name:	Member ID: I040-026-121979525-01	
Date of Treatment : 22-Aug-2025	Date of Birth: 14-May-2001	Gender : Male

Chief Complaints : The patient presented with a deep circular laceration to the left little finger sustained 30 minutes prior while cutting meat with a knife. On examination, there was a 4 cm long and 2 cm deep wound with profuse bleeding. The wound involved the subcutaneous tissue but spared bone and tendon. Due to the depth and bleeding, layered closure was required. After thorough irrigation and achieving hemostasis, 3 internal sutures were placed to approximate deeper tissues, followed by 8 external sutures for skin closure. Tetanus toxoid injection was administered. The complexity and depth of the wound required more than a superficial repair.

Referral(if needed):

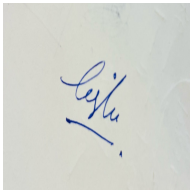
Clinical Findings	BP: 120	TEMP: 36.2	HR: 70	RR: 18
Diagnosis: Lac w/o fb of l little finger w/o damage to nail, subs, Unsp superficial injury of left little finger, init encntr, Hypotension, unspecified	Diagnosis Code:S61.217D, S60.947A, I95.9	Date of Onset 22-Aug-2025		
PEC/CHRONIC ☐ CONGENITAL ☐ MATERNITY ☐ DENTAL ☐ OPTICAL ☐ WORK RELATED ☐ OTHERS ☐				

Treatment Plan: 29720, Repair of spica, body cast or jacket,0384-111908-1001, SODIUM CHLORIDE B.P.,96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,9, GP Consultation,12031, Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,12005, REPAIR SUPERFICIAL WOUND(S),12006, Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm,12005, REPAIR SUPERFICIAL WOUND(S),0005-149902-1021, CLOFEN ,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Requested Investigations :			Estimated Cost :
Prescription			Estimated Cost :
Medicine	Dose	Duration	
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, STRIP)	5	
(ESOMEPRazole (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	

MEDICAL PRACTITIONER DECLARATION: I declare that i am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct Dr's Name : AISHA Stamp: Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 CITICARE MEDICAL CENTER DUBAI - U.A.E	PATIENT'S DECLARATION: I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history to Aafiya for purpose of determining Insurance benefits. Patient's Signature(Parent If Minor): 22-Aug-2025 Date :
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Signature:



Date: 22-Aug-2025

Aafiya Medical Billing Services reserve its right during the Agreement period with the service provider, survey and audit the service provider's operations with respect to its performance of services, the patient visit details and claims.

24/7 Claims Centre

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