Aafiya
Managing your care process

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 :

pc : left hand little finger cut

hopc : pt came with left hand deep cut circular wound in little finger of left hand with the knife while cutting meat at home 30 mints back

o/e its almost 4 cm cut wound and deep 2 cm

bone and tendon are intact

profuse bleeding is there

give 3 internal suture

and 8 external suture

tt injection given

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

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

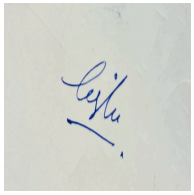
Estimated Cost :

MEDICAL PRACTIONER DECLARATION:	PATIENT'S 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	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 benifits.

Dr's Name : AISHA

Stamp:

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Signature: 

Date: 22-Aug-2025

Patient's Signature(Parent If Minor):

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.