Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: Irham Medical Center Arjan	Patient Name: FARZANA SIDDIQUI MUHAMMAD KHALIQUZZAMAN SIDDIQUI	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 971507286355	File No: 40523
Company Name:	Member ID: 1380562	
Date of Treatment : 19-Jan-2024	Date of Birth: 25-Apr-1960	Gender : Female

Chief Complaints :

For medication refill.

A known hyperlipidemia patient, also hypertensive, diabetic controlled on medications.

Also has recurrent low back pain for which she takes NSAIDs intermittently.

Current medications include; glucophage, lipitor 10mg dily, and perindopril 5mg dly.

She is unable to remember her dose of glucophage.

Patient is counselled to wait until tomorrow and will get glucophage only after a confirmatory blood sugar levels tomorrow morning (FBS).

Referral(if needed):

Clinical Findings BP: 130 TEMP: 36.7 HR: 92 RR: 22

Diagnosis: Essential (primary) hypertension, Type 2 diabetes mellitus with hyperglycemia, Mixed hyperlipidemia, Low back pain	Diagnosis Code:I10, E11.65, E78.2, M54.5	Date of Onset 19-Jan-2024

PEC/CHRONIC ○ CONGENITAL ○ MATERNITY ○ DENTAL ○ OPTICAL ○ WORK RELATED ○ OTHERS ○

Treatment Plan: 9, GP Consultation,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,80069, Renal function panel This panel must include the following: Albumin (82040), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520),80061, Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478),82947, Glucose; quantitative, blood (except reagent strip),83036, Hemoglobin; glycosylated (A1C)

Requested Investigations :

Estimated Cost :

Prescription

Estimated Cost :

Medicine	Dose	Duration
(ATORVASTATIN : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30
(PERINDOPRIL : 5 MG) TABLETS	TABLETS (30S, BOTTLE)	30
(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	7

MEDICAL PRACTIONER 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

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 benifits.

Dr's Name : Enomen Goodluck Stamp:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 21049827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature: Date: 19-Jan-2024

Patient's Signature(Parent If Minor): Date : 19-Jan-2024

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

Helpline: 9714263 0666 | Tel: 971 4 283 8116 | Fax: 971 4 283 8115 | Email: claims@aafiya.ae | Website: www.aafiya.ae