Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: Irham Medical Center Arjan	Patient Name: SULTAN BIN SALMAN SIDDIQUI MUHAMMAD SALMAN SIDDIQUI	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0506747143	File No: 38442
Company Name:	Member ID: 1380563	
Date of Treatment : 21-Jan-2024	Date of Birth: 06-Sep-2020	Gender : Male

Chief Complaints : C/O VOMITING AND NOT EATING PROPERLY SINCE 1 DAY O/E THERE IS NO ABDOMINAL DISTENSION AND ON EXAMINATION CHEST IS CLEAR THROAT IS HYPREMIC

Referral(if needed):

Clinical Findings BP: 0 TEMP: 36.8 HR: 97 RR: 22

Diagnosis: Vomiting, unspecified, Unspecified abdominal pain, Gastritis, unspecified, without bleeding	Diagnosis Code:R11.10, R10.9, K29.70	Date of Onset 21-Jan-2024

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

Treatment Plan: 9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Medicine	Dose	Duration
(DOMPERIDONE : 1 MG/ML) SUSPENSION	SUSPENSION (200ML, GLASS BOTTLE)	7
(ESOMEPRAZOLE : 10 MG) GRANULES FOR RECONSTITUTION	GRANULES FOR RECONSTITUTION (10MG X 28, SACHET)	7
(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10S, SACHET)	7

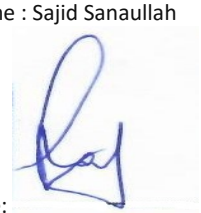
Estimated Cost :

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

Dr's Name : Sajid Sanaullah

Stamp: Dr. Sajid Sanaullah Khan, General Practitioner, DHA No: 05758224-001, PESHAWAR MEDICAL CENTER LLC, DUBAI - U.A.E.

Signature: 

Date: 21-Jan-2024

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.

Patient's Signature(Parent If Minor):

Date : 21-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