Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: Irham Medical Center Arjan	Patient Name: MUHAMMAD SALMAN SIDDIQUI MUHAMMAD KHALIQUE UZ ZAMAN SIDDIQUI	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0506747143	File No: 39997
Company Name:	Member ID: 1380565	
Date of Treatment : 16-Feb-2024	Date of Birth: 29-Dec-1980	Gender : Male

Chief Complaints :

C/O FLU,COUGH,FEVER ,BODY PAIN ,SINCE 2 DAY S

Referral(if needed):

Clinical Findings BP: 119 TEMP: 36.6 HR: 82 RR: 18

Diagnosis: Cough, Acute pharyngitis, unspecified, Fever, unspecified	Diagnosis Code:R05, J02.9, R50.9	Date of Onset 16-Feb-2024

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

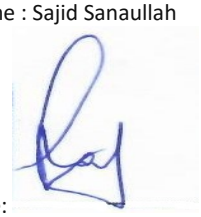
Treatment Plan: 85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein;,85651, Sedimentation rate, erythrocyte; non-automated,87804, Infectious agent antigen detection by immunoassay with direct optical observation; Influenza,9, GP Consultation

Requested Investigations :	Estimated Cost :
Prescription	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: 16-Feb-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 : 16-Feb-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