

**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 : 16-Feb-2024	Date of Birth: 06-Sep-2020	Gender : Male

Chief Complaints : C/O COUGH,FEVER,FLU SINCE 2 DAYS			
Referral(if needed):			
Clinical Findings	BP: 0	TEMP: 36.5	HR: 98 RR: 26
Diagnosis: Flu due to oth ident influenza virus w oth resp manifest, Fever, unspecified, Oth symptoms and signs involving the circ and resp systems, Wheezing	Diagnosis Code:J10.1, R50.9, R09.89, R06.2	Date of Onset 16-Feb-2024	
PEC/CHRONIC ☐ CONGENITAL ☐ MATERNITY ☐ DENTAL ☐ OPTICAL ☐ WORK RELATED ☐ OTHERS ☐			

Treatment Plan: 87804, Infectious agent antigen detection by immunoassay with direct optical observation; Influenza,9, GP Consultation	
Requested Investigations :	Estimated Cost :
Prescription	Estimated Cost :

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 : Sajid Sanaullah  Signature: Stamp:  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 benefits.  Patient's Signature(Parent If Minor): 16-Feb-2024 Date :
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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