Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: Irham Medical Center Arjan	Patient Name: MOHAMMAD KHALIQUZZAMAN SIDDIQUI MUHAMMAD NASIM SIDDIQUI	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 507286355	File No: 38184
Company Name:	Member ID: 1380561	
Date of Treatment : 20-Feb-2024	Date of Birth: 31-Dec-1954	Gender : Male

Chief Complaints :

C/ O HEADACHE,DRY COUGH AND BODY PAIN SINCE 2 DAYS

FEVER SINCE 1 DAY

Referral(if needed):

Clinical Findings BP: 146 TEMP: 36.6 HR: 75 RR: 22

Diagnosis: Acute pharyngitis, unspecified, Cough, Fever, unspecified, Pain, unspecified, Parkinsons disease	Diagnosis Code:J02.9, R05, R50.9, R52, G20	Date of Onset 20-Feb-2024

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

Treatment Plan: 9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Medicine	Dose	Duration
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	7
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	5
(HEDERA HELIX (IVY) : 7MG/ML) SYRUP	SYRUP (200ML, GLASS BOTTLE)	7
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	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, General Practitioner, DHA No: 05758224-001, PESHAWAR MEDICAL CENTER LLC, DUBAI - U.A.E.

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 : 20-Feb-2024

Signature:  Date: 20-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