Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: Irham Medical Center Arjan	Patient Name: AHMED SAMY ABDELSALAM ALY ELKHOULY	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0563607044	File No: 35080
Company Name:	Member ID: I007-026-119836122-01	
Date of Treatment : 20-Feb-2024	Date of Birth: 16-Jun-1985	Gender : Male

Chief Complaints :

C/o: Chest pain since this morning,

Said to have been awaken from sleep this morning by the pain.

Pain is worst on breathing and on chest movement and change in posuure.

Has associated difficulty breathing.

There is no fever.

There is no cough.

There is no leg swelling, nor leg pain.

Pain does not radiate to the left arm

Acute pericarditis suspected, also pleurisy.

Referral(if needed):

Clinical Findings BP: 106 TEMP: 36.8 HR: 64 RR: 20

Diagnosis: Chest pain, unspecified, Chest pain on breathing, Pleurisy, Acute pericarditis, unspecified	Diagnosis Code:R07.9, R07.1, R09.1, I30.9	Date of Onset 20-Feb-2024

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

Treatment Plan: 9, GP Consultation,93000, Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein;,85652, Sedimentation rate, erythrocyte; automated,84484, Troponin, quantitative,71010, Radiologic examination, chest; single view, frontal,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION

Requested Investigations :	Estimated Cost :

Prescription

Medicine	Dose	Duration
(NAPROXEN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5
(LEVOFLOXACIN (AS HEMIHYDRATE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (7S, BLISTER PACK)	7

Estimated Cost :

MEDICAL PRACTIONER DECLARATION:	PATIENT'S 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	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 : Sajid Sanaullah

Stamp:

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

Signature:

Date: 20-Feb-2024

Patient's Signature(Parent If Minor):

Date : 20-Feb-2024