Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: Irham Medical Center Arjan	Patient Name: FARZANA SIDDIQUI MUHAMMAD KHALIQUZZAMAN SIDDIQUI	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 971507286355	File No: 40523
Company Name:	Member ID: 1380562	
Date of Treatment : 28-Feb-2024	Date of Birth: 25-Apr-1960	Gender : Female

Chief Complaints :

C/O DRY COUG AND PAIN IN THROAT SINCE 2 DAYS

KNEE PAIN SINCE FEW MONTHS

KNOWN HYPERTENSIVE,DIABETIC AND HYPERLIPIDEMIA

Referral(if needed):

Clinical Findings BP: 143 TEMP: 36.7 HR: 70 RR: 18

Diagnosis: Essential (primary) hypertension, Type 2 diabetes mellitus without complications, Pain, unspecified, Cough, Acute upper respiratory infection, unspecified	Diagnosis Code:I10, E11.9, R52, R05, J06.9	Date of Onset 28-Feb-2024

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

Treatment Plan: 9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Medicine	Dose	Duration
(KETOPROFEN : 2.5%) GEL	GEL (50G, PLASTIC DISPENSER)	30
(ACECLOFENAC : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	15
(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	7
(PERINDOPRIL : 5 MG) TABLETS	TABLETS (30S, BOTTLE)	30
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, 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 Khan
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):

28-Feb-2024
Date :

Signature:  Date: 28-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