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 : 17-Mar-2024	Date of Birth: 25-Apr-1960	Gender : Female

Chief Complaints :

c/o body pain ,and pain in throat sionce 3 days

known hypertensive,diabetic and hyperlipidemic

Referral(if needed):

Clinical Findings BP: 150 TEMP: 36.8 HR: 82 RR: 22

Diagnosis: Essential (primary) hypertension, Type 2 diabetes mellitus without complications, Pure hypercholesterolemia, unspecified, Pain, unspecified, Cough	Diagnosis Code:I10, E11.9, E78.00, R52, R05	Date of Onset 17-Mar-2024

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

Treatment Plan: 9, GP Consultation

Requested Investigations :	Estimated Cost :

Prescription

Medicine	Dose	Duration
(ATORVASTATIN : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30
(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	30
(ETORICOXIB : 90 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	30
(KETOPROFEN : 2.5%) GEL	GEL (50G, PLASTIC DISPENSER)	30
(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	7
(HEDERA HELIX (IVY) : 7MG/ML) SYRUP	SYRUP (200ML, GLASS BOTTLE)	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 : Maimoona

Stamp:

Signature:

Date: 17-Mar-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):

17-Mar-2024

Date :

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