Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: Irham Medical Center Arjan	Patient Name: KAMILYA IDALIYEVA	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 507385459	File No: 32162
Company Name:	Member ID: I007-026-119537462-01	
Date of Treatment : 06-Apr-2024	Date of Birth: 01-Jan-1964	Gender : Female

Chief Complaints :

C/o: Pain on the right wrist since 23hours prior to presentation.

Was taken a shower when she slipped and in a bit to break the fall supported her weight with her right hand thus resulting in the injury.

She is prediabetic but not hypertensive, and hyperlipidemia for which she takes cholesterol medicine (names unknown).

ROS: not contributory

Exam:

Slight swelling on the wrist of the right hand, associated swelling on the fingers.

There is marked tenderness during active and passive joint flexion.

X-ray is advised.

Referral(if needed):

Clinical Findings BP: 132 TEMP: 36.8 HR: 84 RR: 18

Diagnosis: Nondisp fx of lunate, right wrist, init for clos fx, Acute pain due to trauma, Chronic kidney disease, unspecified	Diagnosis Code:S62.124A, G89.11, N18.9	Date of Onset 06-Apr-2024

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

Treatment Plan: 9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Medicine	Dose	Duration
(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5
(SERRATIOPEPTIDASE : 5 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (20S, BOTTLE)	5

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 Dr's Name : Enomen Goodluck Stamp: Dr. Enomen Goodluck Ekata General Practitioner DHA No: 21044827-101 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E. Signature: Date: 06-Apr-2024	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 : 06-Apr-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