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 : 29-Apr-2024	Date of Birth: 31-Dec-1954	Gender : Male

Chief Complaints :

co c/o body pains since 5 days

known hypertensive ,known parkinsons

prescription refil

DRY COUGH

Referral(if needed):

Clinical Findings BP: 140 TEMP: 37.1 HR: 84 RR: 22

Diagnosis: Parkinsons disease, Essential (primary) hypertension, Mixed hyperlipidemia, Type 2 diabetes mellitus without complications, Acute upper respiratory infection, unspecified	Diagnosis Code:G20, I10, E78.2, E11.9, J06.9	Date of Onset 29-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 POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	7
(PERINDOPRIL : 10 MG) TABLETS	TABLETS (30S, BOTTLE)	30
(LEVODOPA : 250 MG) (CARBIDOPA : 25 MG) TABLETS	TABLETS (20S, BLISTER PACK)	30
(ACECLOFENAC : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1

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

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.

Dr's Name : Humaira Stamp:

Signature: Date: 29-Apr-2024

Patient's Signature(Parent If Minor): Date : 29-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