

eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the **Irham Medical Center Arjan**

Patent Name:	JOSEPHINE ELMA GUEVARRA	Gender:	Female	Validity Between:	15/05/2024 and 14/05/2025
Card No:	A8B3-3903-CE6F-1752	DOB:	1/31/1964 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-1964-4768327-5	Service Date:	26-May-2024	Radiology:	Covered
Policy Holder:		Patent's Tel No:	0502011027		
Payer Name:	ORIENT INSURANCE P.J.S.C	Threshold Limit:			
		Class:	Normal		
Category:	Category B	Out-Patent :		Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Patent's File No:	43210	Laboratory:	Covered
Referral No:		Consultaton :			
Referred Service:					

SUBJECTIVE ASSESSMENT

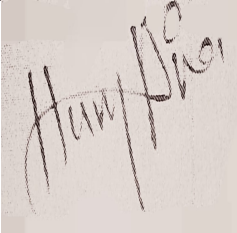
Symptom(s) as described by the patent (Chief Complaint):						Date of Symptoms/illness started		
Complaint						DD	MM	YYYY
co numbness of the hand headache calf pain 5 days								
oe chest is clear no added sounds								
restless								
Past Medical Surgical History?						Date of Symptoms/illness started		
☐ Yes ☐ No						DD	MM	YYYY
Obs/Gyn Claims						Date of Symptoms/illness started		
☐ Para ☐ Gravida: ☐ AB: LMP: Marital Status: Marital Date:						DD	MM	YYYY
What date did the Patient first feel same / similar Symptom(s) : dd mm yyyy								
Is the Patient under any type of Treatment? ☐ Yes ☐ No if yes, indicate what Assessment and since when:								

OBJECTIVE / ASSESSMENT (To be completed by Physician)

Clinical Findings :			Vital Signs : B/P : 163 T : 36.4 HR : 88 RR : 18			
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM						
Type	Code	Diagnosis				
Primary	I10	Essential (primary) hypertension				
Secondary	R51.9	Headache, unspecified				

ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury)

Accident or illness due to work?		Injury due to road accident?		Describe how the accident or work related injury/illness occur:	
☐ Yes ☐ No		☐ Yes ☐ No			
Date of accident or beginning of illness:					
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim					
CPT Code	Treatment	Type		Price	
9	GP Consultation	General Consultation		25.0000	
Code	Generic	Duration	Instructions		
1233-564801-1171	(PYRIDOXINE (VITAMIN B6) : 2 MG) (VITAMIN B12 : 1 MG) (THIAMINE (VITAMIN B1) : 1.4 MG) (NIACINAMIDE : 18 MG) (BETACAROTENE : 400 MCG) (PHYTONADIONE (VITAMIN K1) : 30 MCG) (VITAMIN E : 10 IU) (BIOTIN : 100 MCG) (CHROMIUM : 40 MCG) (RIBOFLAVINE (VITAMIN B2) : 1.4 MG) (POTASSIUM : 40 MG) (ASCORBIC ACID (VITAMIN C) : 60 MG) (ZINC : 5 MG) (PHOSPHORUS : 125 MG) (SELENIUM : 30 MCG) (MAGNESIUM : 50 MG) (MOLYBDENUM : 50 MCG) TABLETS	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others		
7202-618004-1171	(AMLODIPINE (AS BESYLATE) : 10 MG) (OLMESARTAN MEDOXOMIL : 40 MG) TABLETS	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)		
☐ Pharmacy:		Estimated Costs		☐ Laboratory / Radiology:	
				Estimated Costs	
Is the following required		☐ Surgery:		☐ Endoscopy:	
		☐ Physiotherapy:		☐ Other Procedures:	
				If yes please specify	

Is In-patient Required ? Length of Stay		Indicate Provider		Estimate Cost	
I hereby certify that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case.		I hereby authorize any Healthcare Provider, Insurer, Employer or other Organizaton to release any informaton regarding my medical conditon and history to NEXtCARE for the purpose of determining insurance benefys. Medical management is the sole responsibility of doctor and the patent.			
Treating Physician Name : Humaira					
Tel / Fax (important):					
 Signature & Stamp 		 Patient's Signature(Parent if minor)			
Date :		Date : 26-May-2024			
Note: Claims must be submitted along with supporting documents within 30 days from date of service					

Disclaimer: NEXtCARE ASOAP form is used for claim creaton purposes. The data contained here should always be carefully reviewed. NEXtCARE will not be held responsible for misuse of claims submission's or any adverse efects caused due to the claims submissions. NEXtCare assumes no responsibility for any discrepancies or errors contained in this pre-printed datasheet and fnal opinion will be given by the NEXtCARE claims doctors.