

eASOAP FORM

ADMINISTRATIVE

The member is allowed for **Out Patient**

at the **Irham Medical Center Arjan**

Patent Name: Ismail Hussain	Gender: Male	Validity Between: 01/01/2024 and 31/12/2026
Card No: 5776-C623-6997-89E8	DOB: 9/12/1985 12:00:00 AM	Coverage Information for: Out Patient
Pin #:	Identty Card:	Network: RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID: 784-1985-8071537-7	Service Date: 29-May-2024	Radiology: Covered
Policy Holder:	Patent's Tel No: 050507559215	
Payer Name: DUBAI GOVERNMENT - PROGRAM 1 (ENAYA)	Threshold Limit:	
	Class: Normal	
Category: Category B	Out-Patent :	
Gatekeeper: No	Patent's File No: 43251	Pharmacy: Co-Part: 20%
Referral No:	Consultaton :	Laboratory: Covered
Referred Service:		

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):		Date of Symptoms/illness started		
Complaint		DD	MM	YYYY
Symptoms: headache, occasional ear pain, and low back pain Duration: Headache since today (29/05/2024), ear pain occasionally (not present during this presentation), and low back pain has been recurrent for over 1year, but current episodes started 3days ago (27/05/2024). History of presenting complaint: Headache is located at the frontal region bilaterally, throbbing and relieved transiently by PCM. It is not the worst headache of his life. There is a bit of itchy throat, but no cough, no sorethroat and no fever. No GIT symptoms and no urinary symptoms. Past medical history: He is not a known hypertensive and not diabetic and does not have any other medical condition in the past. There is no previous history of similar complaint and he is not a migraine patient. Family history: Not relevant Social History: smoke heavily shisha, can sit over 2hours puffing shisha. Takes alcohol occaionally. Has an unprotected sexual intercourse 3days ago, lady is previously known to him sexually but he is worried he probably has contracted an infection which has resulted in the headache. Examination: Not ill-looking. Presenting BP is 130/80mmhg (normal). Atiology: suspected sinusitis (just beginning).				
Past Medical Surgical History?		☐ Yes	☐ No	Date of Symptoms/illness started
				DD MM YYYY
Obs/Gyn Claims		Date of Symptoms/illness started		
☐ Para	☐ Gravida:	☐ AB:	LMP:	Marital Status:
				Marital Date:
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 : 130 : 18	T : 37	HR : 0	RR
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Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM		
Type	Code	Diagnosis
Primary	J01.10	Acute frontal sinusitis, unspecified
Secondary	J02.9	Acute pharyngitis, unspecified
Secondary	R51.9	Headache, unspecified
Secondary	N39.0	Urinary tract infection, site not specified

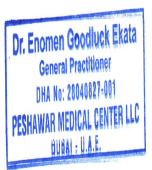
ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury)		
Accident or illness due to work? ☐ Yes ☐ No	Injury due to road accident? ☐ Yes ☐ No	Describe how the accident or work related injury/illness occur:
Date of accident or beginning of illness:		

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
0005-149902-1021	CLOFEN	Pharmacy	6.5000
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Co.Pay	10.0000
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	Lab	8.0000
86140	C-reactive protein;	Lab	15.0000
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Lab	20.0000

Code	Generic	Duration	Instructions
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

☐ 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>I hereby certfy 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>	<i>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 benefets. Medical management is the sole responsibility of doctor and the patent.</i>	
Treating Physician Name : Enomen Goodluck		
Tel / Fax (important):		

<i>Signature & Stamp</i> 	<i>Patient's Signature(Parent if minor)</i> 
Date :	Date : 29-May-2024
Note: Claims must be submitted along with supporting documents within 30 days from date of service	

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