## **eASOAP FORM**



ADMINISTRATIVE The member is allowed for Out Patient at the CITICARE MEDICAL CENTER LLC

Patent Name:	Ali Mohammad Beloshi	Gender:	Male	Validity Between:	01/01/2024 and 31/12/2026
Card No:	33C7-A345-3B99-FD89	DOB:	12/18/1982 12:00:00 AM	Coverage Information for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)- MEDGULF
Natonal ID:	784-1982-7581691-0	Service Date:	19-Jul-2024	Radiology:	Covered
		Patent's Tel No:	0506400553		
Policy Holder:		Threshold Limit:			
Payer Name:	DUBAI GOVERNMENT - PROGRAM 1 (ENAYA)	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	43609	Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Consultaton :		Laboratory:	Covered
Referral No:					
Referred					
Service:					

## SUBJECTIVE ASSESSMENT

Symptom(s) as described	by the patent (C	Chief Complaint	t):		D		-	ness started
Complaint					D	D	MM	YYYY
pc: fever 2 days								
flu and cold								
cough 2 days								
sorethroat								
headache								
			T			oto of C	`	Iness started
Past Medical Surgical Histo	ory?		○Yes	○ No	<u> </u>		MM	YYYY
			1	1				
Obs/Gyn Claims					_			Iness started
		1	L	l	D	D	MM	YYYY
Para Gravida:	AB:	LMP:	Marital Status:	Marital Date:				
What date did the Patient firs	st feel same / sir	nilar Symptom(s	) : dd mm yyyy					
Is the Patient under any type	of Treatment?	○ Yes ○ No	if yes, indicate what As	sessment and since	when:			
OBJECTIVE / ASSESSMEN	T(To be complet	ed by Physician)	)					
Clinical Findings :			Vital Signs : 18	: B/P:109	T : 37.	1	HR : 91	RR
Assessment/Diagnosis : INDICATE DIAG	O Acute	○ Chronic /MPTOM	○ Confirmed ○ Su	spected				
Туре	Code	Diagnosis						
Primary	R50.9	Fever, unsp	ecified					
Secondary	R05	Cough						
Secondary	R52	Pain, unspe	ecified					
Secondary	J06.9	Acute uppe	er respiratory infection, u	unspecified				
Secondary	J00	Acute naso	pharyngitis [common co	ld]				

Accident or illness due  Yes No  Date of accident or be  MEDICAL PLAN Itemiz  CPT Code  9  96365  0125-122107- 1022  2040-106618- 1001  0005-107704- 0802  Code  Gener  7512- 014201- 1161  10195- 123701- 0391  0139- 116206- 1171  0005-	Deginning of illrized Original In  Treatment  GP Consultation Intravenous ir initial, up to 1 DEXAMETHAS FOR INJECTION PARACETAMO  TRIAXONE I.V.:  PICTIC  ATODA VASICA ANUM XANTHOLOML) (HEDYCHOMC) (HEDYCHOMC) (PRIZINE HCL	Injury dacciden  Yes  ness:  nvoices and Applicate  on  flusion, for therapy, hour  SONE SODIUM PHOS N  OL S.A.L.F (PARACETA  -(CEFTRIAXONE : 1 C	ue to road t?  No  No  No  No  Prophylaxis, or  PRATE-(DEXAM  MOL: 10 MG/N	1 SANCTUM) : 90MG/10ML) LIA BELLIRICA EXTRACT : 52.5 GLYCYRRHIZA GLABRA EXTRACT RUP	sed to cons Typ Gen Con ug); Co.f	injury/illness occ  ider claim  e neral isultation  Pay  irmacy  irmacy  irmacy  irmacy  irmacy  irmacy  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 D evening before  Take 1Tablets 2	Price  25.0000  40.0000  2.3400  10.7500  58.5000  rup 2 y For 7 eal  Time(s) Day(s) e sleep
Yes         No           Date of accident or be           MEDICAL PLAN Itemiz           CPT Code         1           9         0           96365         1           0125-122107-1022         1           2040-106618-1001         1           0005-107704-0802         (ADHA (SOLAI MG/10:22.5)           0195-123701-0391         (CETIRI O391           0139-116206-1171         (CLAVUIT)           0005-107001-0052         (CAFFE MEDICAL MG/10:22.5)           Pharmacy:         Is the following required?           Is the following required?         Inhereby certfy that a set that the medical set medically indicated & this case.           Treating Physician Name         Treating Physician Name	peginning of illrized Original In  Treatment  GP Consultation Intravenous in initial, up to 1 DEXAMETHAS FOR INJECTION PARACETAMO  TRIAXONE I.V.:  Pric ATODA VASICA ANUM XANTHOLOML) (HEDYCHOLOML) (HEDYCHOLOML) (PERIZINE HCL	on  Infusion, for therapy, I hour  SONE SODIUM PHOS  OL S.A.L.F (PARACETA  -(CEFTRIAXONE : 1 C)  A : 112.5 MG/10ML)  DCARPUM : 90MG/1 HIUM SPICATUM : 3 PIPER LONGUM : 22.	DIE Prescriptions  prophylaxis, or of the pro	/ Reports / Results must be encloding diagnosis (specify substance or drethasone : 4 MG/ML) SOLUTION  IL) SOLUTION FOR INFUSION  INJECTION  INJECTION  ISANCTUM) : 90MG/10ML)  LIA BELLIRICA EXTRACT : 52.5  GLYCYRRHIZA GLABRA EXTRACT  RUP	sed to cons Typ Gen Con Ug); Co.f Pha Pha Duration 7	Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 D evening before  Take 1Tablets 2	Price  25.0000  40.0000  2.3400  10.7500  58.5000  rup 2 y For 7 eal  Time(s) Day(s) e sleep
Date of accident or be MEDICAL PLAN Itemiz  CPT Code  9  96365  0125-122107- 1022  2040-106618- 1001  0005-107704- 0802  Code  Gener  7512- 014201- 1161  22.5  0195- 123701- 0391  0139- 116206- 1171  0005- 107001- 0052  Pharmacy:  Is the following required?  I hereby certfy that a see medical see medically indicated & this case.  Treating Physician Name	Treatment  GP Consultation Intravenous in initial, up to 1 DEXAMETHAS FOR INJECTION PARACETAMO TRIAXONE I.V.  PICTIC ATODA VASICA ANUM XANTHOLOML) (HEDYCHOME) (HE	ness:  nvoices and Application  on  flusion, for therapy, hour  SONE SODIUM PHOSIN  OL S.A.L.F (PARACETA  -(CEFTRIAXONE : 1 C	prophylaxis, or	diagnosis (specify substance or dr ETHASONE : 4 MG/ML) SOLUTION  IL) SOLUTION FOR INFUSION  INJECTION  I SANCTUM) : 90MG/10ML)  LIA BELLIRICA EXTRACT : 52.5  GLYCYRRHIZA GLABRA EXTRACT	Typ Gen Con ug); Co.f Pha Pha Duration 7	eneral isultation Pay  Irmacy  Irmacy  Irmacy  Irmacy  Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 Devening before  Take 1Tablets 2	25.0000 40.0000 2.3400 10.7500 58.5000 58.5000 cup 2 y For 7 eal . Time(s) Day(s)
CPT Code	Treatment  GP Consultation Intravenous in initial, up to 1 DEXAMETHAS FOR INJECTION PARACETAMO TRIAXONE I.V.  PICTIC ATODA VASICA ANUM XANTHOLOML) (HEDYCHOME) (HE	on	prophylaxis, or	diagnosis (specify substance or dr ETHASONE : 4 MG/ML) SOLUTION  IL) SOLUTION FOR INFUSION  INJECTION  I SANCTUM) : 90MG/10ML)  LIA BELLIRICA EXTRACT : 52.5  GLYCYRRHIZA GLABRA EXTRACT	Typ Gen Con ug); Co.f Pha Pha Duration 7	eneral isultation Pay  Irmacy  Irmacy  Irmacy  Irmacy  Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 Devening before  Take 1Tablets 2	25.0000 40.0000 2.3400 10.7500 58.5000 58.5000 cup 2 y For 7 eal . Time(s) Day(s)
Pharmacy:  CPT Code  9  96365  0125-122107- 1022  2040-106618- 1001  0005-107704- 0802  Code  Gener  7512- 014201- 1161  123701- 0391  0139- 116206- 1171  0005- 107001- 0052  Pharmacy:  Is the following required?  I hereby certfy that as example as the scase.  Treating Physician Name	Treatment  GP Consultation Intravenous in initial, up to 1 DEXAMETHAS FOR INJECTION PARACETAMO  TRIAXONE I.V.:  Pric ATODA VASICA ANUM XANTHOLOML) (HEDYCHOME) (HEDYCHOME) (HEDYCHOME) (HEDYCHOME) (PRIZINE HCL	on  Infusion, for therapy, I hour  SONE SODIUM PHOSIN  OL S.A.L.F (PARACETA  -(CEFTRIAXONE : 1 C	prophylaxis, or	diagnosis (specify substance or dr ETHASONE : 4 MG/ML) SOLUTION  IL) SOLUTION FOR INFUSION  INJECTION  I SANCTUM) : 90MG/10ML)  LIA BELLIRICA EXTRACT : 52.5  GLYCYRRHIZA GLABRA EXTRACT	Typ Gen Con ug); Co.f Pha Pha Duration 7	eneral isultation Pay  Irmacy  Irmacy  Irmacy  Irmacy  Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 Devening before  Take 1Tablets 2	25.0000 40.0000 2.3400 10.7500 58.5000 sup 2 y For 7 eal Time(s) Day(s) s sleep
9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GP Consultation Intravenous in initial, up to 1 DEXAMETHAS FOR INJECTION PARACETAMO TRIAXONE I.V.:  Pric ATODA VASICA ANUM XANTHO (10ML) (HEDYCHOM) (HEDYCHOM) (PRIZINE HCL	nfusion, for therapy, hour  SONE SODIUM PHOS  OL S.A.L.F (PARACETA  -(CEFTRIAXONE : 1 C	SPHATE-(DEXAM  SMOL : 10 MG/M  S) POWDER FOR  (TULSI (OCIMUN  OML) (TERMINA  7.5 MG/10ML) (V  5 MG/10ML) SYI	ETHASONE : 4 MG/ML) SOLUTION  IL) SOLUTION FOR INFUSION  INJECTION  I SANCTUM) : 90MG/10ML)  LIA BELLIRICA EXTRACT : 52.5  GLYCYRRHIZA GLABRA EXTRACT  RUP	Gen Con Ug); Co.f Pha Pha Pha Duration 7	Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 Devening before  Take 1Tablets 2	25.0000 40.0000 2.3400 10.7500 58.5000 sup 2 y For 7 eal Time(s) Day(s) s sleep
96365   I   1   1   1   1   1   1   1   1   1	Intravenous ir initial, up to 1 DEXAMETHAS FOR INJECTIO PARACETAMO TRIAXONE I.V.:  Pric ATODA VASICA ANUM XANTHO (MEDYCH) (HEDYCH) (MEDYCH) (MEDYCH) (MIZINE HCL)	nfusion, for therapy, hour  SONE SODIUM PHOS  OL S.A.L.F (PARACETA  -(CEFTRIAXONE : 1 C	SPHATE-(DEXAM  SMOL : 10 MG/M  S) POWDER FOR  (TULSI (OCIMUN  OML) (TERMINA  7.5 MG/10ML) (V  5 MG/10ML) SYI	ETHASONE : 4 MG/ML) SOLUTION  IL) SOLUTION FOR INFUSION  INJECTION  I SANCTUM) : 90MG/10ML)  LIA BELLIRICA EXTRACT : 52.5  GLYCYRRHIZA GLABRA EXTRACT  RUP	Conug); Co.II Pha Pha Pha  Duration 7	Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 Devening before  Take 1Tablets 2	40.0000 2.3400 10.7500 58.5000 58.5000 cup 2 y For 7 eal . Time(s) Day(s) e sleep
0125-122107-	Initial, up to 1 DEXAMETHAS FOR INJECTION PARACETAMO TRIAXONE I.V.  PIC ATODA VASICA ANUM XANTHO 10ML) (HEDYCH MG/10ML) (P	CONE SODIUM PHOSE  OL S.A.L.F (PARACETA  -(CEFTRIAXONE : 1 CO  X : 112.5 MG/10ML)  DCARPUM : 90MG/1  HIUM SPICATUM : 3  PIPER LONGUM : 22.	SPHATE-(DEXAM  SMOL : 10 MG/M  S) POWDER FOR  (TULSI (OCIMUN  OML) (TERMINA  7.5 MG/10ML) (V  5 MG/10ML) SYI	ETHASONE : 4 MG/ML) SOLUTION  IL) SOLUTION FOR INFUSION  INJECTION  I SANCTUM) : 90MG/10ML)  LIA BELLIRICA EXTRACT : 52.5  GLYCYRRHIZA GLABRA EXTRACT  RUP	Pha Pha Pha Duration 7	Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 D evening before Take 1Tablets 2	2.3400 10.7500 58.5000 2up 2 y For 7 eal . Time(s) Day(s) e sleep
1022	PARACETAMO TRIAXONE I.V.:  Pric ATODA VASICA ANUM XANTHO 10ML) (HEDYCH MG/10ML) (P	N OL S.A.L.F (PARACETA -(CEFTRIAXONE : 1 C  1: 112.5 MG/10ML) OCARPUM : 90MG/1 HIUM SPICATUM : 3	(TULSI (OCIMUN .0ML) (TERMINA 7.5 MG/10ML) (S	IL) SOLUTION FOR INFUSION  INJECTION  I SANCTUM): 90MG/10ML) LIA BELLIRICA EXTRACT: 52.5 GLYCYRRHIZA GLABRA EXTRACT RUP	Pha Pha  Pha  Duration  7	Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 Devening before Take 1Tablets 2	10.7500 58.5000 fup 2 y For 7 eal . Time(s) Day(s) e sleep
1001	TRIAXONE I.V.:  Pric  ATODA VASICA ANUM XANTHO LOML) (HEDYCH MG/10ML) (P	-(CEFTRIAXONE : 1 C 1: 112.5 MG/10ML) DCARPUM : 90MG/1 HIUM SPICATUM : 3 PIPER LONGUM : 22.	(TULSI (OCIMUN .0ML) (TERMINA 7.5 MG/10ML) (5 MG/10ML) SYI	INJECTION  I SANCTUM): 90MG/10ML) LIA BELLIRICA EXTRACT: 52.5 GLYCYRRHIZA GLABRA EXTRACT RUP	Duration 7	Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 D evening before  Take 1Tablets 2	58.5000  rup 2 y For 7 eal  . Time(s) Day(s) e sleep
Code Gener  7512- 014201- 1161 (SOLAI MG/10: 22.5)  0195- 123701- 0391  0139- 116206- 1171  0005- 107001- 0052  Pharmacy:  Is the following required? I hereby certfy that as exemedically indicated & this case.  Treating Physician Name	ATODA VASICA ANUM XANTHO 10ML) (HEDYCH 5 MG/10ML) (P RIZINE HCL	: 112.5 MG/10ML) DCARPUM : 90MG/1 HIUM SPICATUM : 3 IPER LONGUM : 22.	(TULSI (OCIMUN .0ML) (TERMINA 7.5 MG/10ML) (0 5 MG/10ML) SYI	1 SANCTUM) : 90MG/10ML) LIA BELLIRICA EXTRACT : 52.5 GLYCYRRHIZA GLABRA EXTRACT RUP	Duration 7	Instructions  Take 2.5 ml Syr Time(s) per Day Day(s) after me  Take 1Tablets 1 per Day For 5 Devening before  Take 1Tablets 2	rup 2 y For 7 eal Time(s) Day(s) e sleep
7512- 014201- 1161  0195- 123701- 0391  0139- 116206- 1171  0005- 107001- 0052  O Pharmacy:  Is the following required? I hereby certfy that all & that the medical set medically indicated & this case.  Treating Physician Name	ATODA VASICA ANUM XANTHO 10ML) (HEDYCH 5 MG/10ML) (P RIZINE HCL	OCARPUM : 90MG/1 HIUM SPICATUM : 3 PIPER LONGUM : 22.	.0ML) (TERMINA 7.5 MG/10ML) (0 5 MG/10ML) SYI	LIA BELLIRICA EXTRACT : 52.5 GLYCYRRHIZA GLABRA EXTRACT RUP	7	Take 2.5 ml Syr Time(s) per Day Day(s) after me Take 1Tablets 1 per Day For 5 D evening before Take 1Tablets 2	y For 7 eal Time(s) Day(s) esleep
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O14201- O14201- O14201- O167- O195- O123701- O391  O139- O16206- O17001- O052  OPharmacy:  Is the following required? I hereby certfy that all the medical set medically indicated & this case.  Treating Physician Name	ANUM XANTHO  10ML) (HEDYCH  5 MG/10ML) (P  RIZINE HCL  /ULANIC ACID :	OCARPUM : 90MG/1 HIUM SPICATUM : 3 PIPER LONGUM : 22.	.0ML) (TERMINA 7.5 MG/10ML) (0 5 MG/10ML) SYI	LIA BELLIRICA EXTRACT : 52.5 GLYCYRRHIZA GLABRA EXTRACT RUP	5	Time(s) per Day Day(s) after me Take 1Tablets 1 per Day For 5 D evening before Take 1Tablets 2	y For 7 eal Time(s) Day(s) esleep
123701- CETIRI 0391  0139- 116206- (CLAVI 1171  0005- 107001- (CAFFE 0052  O Pharmacy:  Is the following require  Is In-patient Required?  I hereby certfy that all  & that the medical selemedically indicated & this case.  Treating Physician Name	/ULANIC ACID :	: 125 MG) (AMOXIC	ILLIN : 875 MG)	TABLETS		per Day For 5 Devening before Take 1Tablets 2	Day(s) sleep
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Is the following required? Is In-patient Required? I hereby certfy that al & that the medical ser medically indicated & this case. Treating Physician Nam		(PARACETAMOL : 5	00 MG) CAPLETS		5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	
Is In-patient Required ? I hereby certfy that ai & that the medical sei medically indicated & this case. Treating Physician Nam		Estmated Costs		O Laboratory / Radiology:	Estmate	ed Costs	
Is In-patient Required ? I hereby certfy that ai & that the medical sei medically indicated & this case. Treating Physician Nam		O Surgery:		○ Endoscopy:			
I hereby certfy that al & that the medical ser medically indicated & this case. Treating Physician Nam	ired	O Physiotherapy:		Other Procedures:			
I hereby certfy that al & that the medical ser medically indicated & this case. Treating Physician Nam				If yes please specify			
I hereby certfy that al & that the medical ser medically indicated & this case. Treating Physician Nam	01			Indicate Provider		F-4:4	- 04
& that the medical sei medically indicated & this case. Treating Physician Nam		•	ct   I hereby aut	horize any Healthcare Provider, In	surer. Emplo	Estimat over or other Ora	
	ervices shown o & necessary for	on this form were the management c	to release ar	ny informaton regarding my medio ose of determining insurance beno y of doctor and the patent.	cal conditor	n and history to N	IEXtCARE
Iel / Fax (important):	me : Enomen C	Goodluck					
Signature & Stamp	al al	Qu.					
Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	ta						
Date : Note: Claims must be	LC		Patient's Sign	nature(Parent if minor)			

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 final opinion will be given by the NEXtCARE claims doctors.