

eASOAP FORM

ADMINISTRATIVE

The member is allowed for **Out Patient**

at the **CITICARE MEDICAL CENTER LLC**

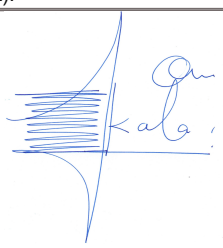
Patent Name:	FIRAS LAMARI	Gender:	Male	Validity Between:	26/07/2024 and 29/11/2024
Card No:	C430-FE18-58B3-0DFC	DOB:	5/26/1987 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-1987-7920865-5	Service Date:	31-Jul-2024	Radiology:	Covered
		Patent's Tel No:	0585954898		
Policy Holder:		Threshold Limit:			
Payer Name:	MetLife	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	43731	Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Consultaton :		Laboratory:	Covered
Referral No:					
Referred Service:					

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):					Date of Symptoms/illness started		
Complaint					DD	MM	YYYY
Pain on the big toe of the left foot.							
Duration: 1week.							
Associated swelling and disfigurement of the nail.							
He is not diabetic and not hypertensive.							
Exam: it is markedly tender, hyperemic, swollen and has pus spot underneath the nail bed.							
Past Medical Surgical History?					Date of Symptoms/illness started		
☐ Yes ☐ No					DD	MM	YYYY
Obs/Gyn Claims					Date of Symptoms/illness started		
					DD	MM	YYYY
☐ 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 : 110 T : 36.4 HR : 86 RR : 18	
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected			
INDICATE DIAGNOSIS NOT SYMPTOM			
Type	Code	Diagnosis	
Primary	L60.0	Ingrowing nail	
Secondary	L03.032	Cellulitis of left toe	
Secondary	R52	Pain, 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
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Co.Pay	10.0000
0005-149902-1021	CLOFEN	Pharmacy	6.5000
82947	Glucose; quantitative, blood (except reagent strip)	Lab	12.0000
9	GP Consultation	General Consultation	25.0000
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	Co.Pay	100.0000
Code	Generic	Duration	Instructions
0027-149903-0111	(DICLOFENAC SODIUM : 100 MG) COATED TABLETS	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0067-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	7	Take 1Tablets 2 Time(s) per Day For 7 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	
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 benefsts. Medical management is the sole responsibility of doctor and the patent.	
Treating Physician Name : Enomen Goodluck			
Tel / Fax (important):			
 Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.			
Date :		Date : 31-Jul-2024	
Note: Claims must be submitted along with supporting documents within 30 days from date of service			

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