

eASOAP FORM

**ADMINISTRATIVE**The member is allowed for **Out Patient**at the **CITICARE MEDICAL CEI**

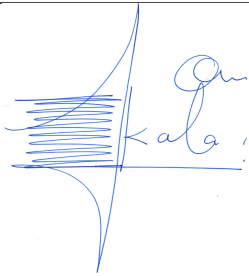
Patent Name:	NIWANKA PRIYANTHI TENNAKoon	Gender:	Female	Validity Between:	03/04/2024 and 0
Card No:	6F73-F9F8-28F9-CA73	DOB:	7/4/1987 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansa MEDGULF
Natonal ID:	784-1987-5565538-2	Service Date:	02-Sep-2024	Radiology:	Covered
		Patent's Tel No:	0553485917		
Policy Holder:		Threshold Limit:			
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	44000	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 Symptom	
Complaint						DD	MM
PC: Dizziness of sudden onset, left side.							
There's associated buzzing sound in the left ear and headache.							
Not hypertensive and not diabetic and has no other medical condition in the past.							
Past Medical Surgical History?				☐ Yes	☐ No	Date of Symptom	
						DD	MM
Obs/Gyn Claims						Date of Symptom	
						DD	MM
☐ 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 RR : 18		T : 36.5		HR :		
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM								
Type		Code		Diagnosis				
Primary		H81.12		Benign paroxysmal vertigo, left ear				
Secondary		H93.12		Tinnitus, left ear				
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 occurred?		
☐ 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		
96372		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular				Co.Pay		
0005-150403-1021		PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION				Pharmacy		
9		GP Consultation				General Consultation		
Code		Generic			Duration		Instructions	
5353-840001-1172		(CINNARIZINE : 20 MG) (DIMENHYDRINATE : 40 MG) TABLETS			5		Take 1Tablets 3 Time(s) per Day others	
1394-380701-1171		(BETAHISTINE HCL : 16 MG) TABLETS			3		Take 1Tablets 3 Time(s) per Day others	
☐ 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 to release any informaton regarding my medical conditon and history for the purpose of determining insurance benefsts. Medical management responsibility of doctor and the patent.				
Treating Physician Name : Enomen Goodluck								
Tel / Fax (important):								

 Signature & Stamp Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	 Patient's Signature(Parent if minor)
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Date :

Date : 02-Sep-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 creation purposes. The data contained here should always be carefully reviewed. We will not be held responsible for misuse of claims submission or any adverse effects caused due to the claims submissions. NE: no responsibility for any discrepancies or errors contained in this pre-printed datasheet and final opinion will be given by the N doctors.