ADMINISTRATIVE

eASOAP FORM



The member is allowed for **Out Patient**

at the CITICARE MEDICAL CENTER LLC

Patent Name:	chanchal kumar bothra jugraj	Gender:	Male	Validity Between:	27/12/2023 and 26/12/2024			
Card No:	D6BF-E640-4DB2-FB68	DOB:	12/7/1959 12:00:00 AM	Coverage Informaton for:	Out Patient			
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)- MEDGULF			
Natonal ID:	784-1959-1750570-3	Service Date:	24-Sep-2024	Radiology:	Covered			
		Patent's Tel No:	0506542704					
Policy Holder:		Threshold Limit:						
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal					
		Out-Patent :						
Category:	Category B	Patent's File No:	44306	Pharmacy:	Co-Part: 20%			
Gatekeeper:	No	Consultaton:		Laboratory:	Covered			
Referral No:								
Referred								
Service:								
SUBJECTIVE ASSESSMENT								
Symptom(s) as	described by the natent (C	hief Complaint):			Date of Symptoms/illness started			

Symptom(s) as described by the patent (Chief Complaint):								Date of Symptoms/illness started		
Complaint							DD	ММ	YYYY	
PC: CELLULITIS										
TOXIC EP	IDERMAL NECROLYSI	S ON RIGHT HA	ND							
, HYPERGLYCEMIC										
DIABETIC KNOWN PREVIOUSLY										
								Date of S	 Symptoms/il	Iness started
Past Medical S	Surgical History?	○Yes		○No			ММ	YYYY		
						_				
Obs/Gyn Claims							Date of Symptoms/illness started			
Obs/ Gyll Claill	15							DD	ММ	YYYY
☐ Para	Gravida:	☐ AB: LN	3: LMP: Marital Status: Marital Date:							
	he Patient first feel sa	•								
Is the Patient u	nder any type of Treat	ment? O Yes	○ No	if yes, indicate	what Asses	ssment and since	when:			
OBJECTIVE / A	ASSESSMENT(To be o	completed by Ph	ysician)							
Clinical Findings: Vital Signs: B/P:120 T:3						6.5	HR : 77	RR		
Assessment/Diagnosis : O Acute O Chronic O Confirmed O Suspected INDICATE DIAGNOSIS NOT SYMPTOM										
Туре	Code	Diagnos	is							
Primary	E11.40	Type 2 c	Type 2 diabetes mellitus with diabetic neuropathy, unsp							
Secondary	L03.90	Cellulitis	Cellulitis, unspecified							

Туре	Code	Diagnosis
Secondary	L51.2	Toxic epidermal necrolysis [Lyell]
Secondary	Z79.84	Long term (current) use of oral hypoglycemic drugs

Accident	Jeconiaa, ,		232.2	10/110	cpiacimai	11001017515 [27	cj					
Accident or illness due to work? Injury due to road accident? Describe how the accident or work related injury/illness occur: Yes	Secondary Z79.84 Long term (curre			ent) use of ora	ıl hypoglycemi	c drugs						
Accident or lines due to work accident? Describe now the accident or work related injury/liness occur: Yes No	ACCIDENT/OC	CUPATIO	ONAL Claim Ir	nformaton	(complete i	if claim is a re	sult of accider	nt or work r	elated illn	ess/injury)		
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim State Stat	IACCIDENT OF ILINESS CITE TO MORK?				to road	Describe how the accident or work related injury/illness occur:						
CPT Code Teatment Septimized Original Invoices and Applicable Prescriptions / Results must be enclosed to consider claim	○ Yes ○ No ○ Yes ○				No							
CPT Code Treatment	Date of accident or beginning of illness:											
9 GP Consultation 25,0000 83036 Hemoglobin; glycosylated (AIC) Lab 30,0000 82948 Glucose; blood, reagent strip Lab 10,0000 85047 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC, WBC, WBC, WBC, WBC, WBC, WBC, W	MEDICAL PLAI	N Itemize	ed Original Inv	voices and	Applicable I	Prescriptions ,	/ Reports / Res	ults must be	e enclosed	to consider claim		
83036 Hemoglobin; glycosylated (A1C) Lab 30,0000 82948 Glucose; blood, reagent strip Lab 10,0000 86140 C-reactive protein; Lab 15,0000 85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15,0000 Code Generic Duration Instructions 5362-330001- 1171 (PREDNISONE : 10 MG) TABLETS 5 Take 1Tablets 2 Time(s) per Day For 10 Day(s) others 0281-389001- 0281-389001- 0281-389001- 0281-389001- 0333-116206- 040/XICILLIN: 875 MG) (CLAVULANIC ACID: 125 MG) FILM 7 Take 1Tablets 2 Time(s) per Day For 10 Day(s) others 0333-116206- 040/XICILLIN: 875 MG) (CLAVULANIC ACID: 125 MG) FILM 7 Take 1Tablets 2 Time(s) per Day For 7 Day(s) others 0339-116206- 040/XICILLIN: 875 MG) (CLAVULANIC ACID: 125 MG) FILM 7 Take 1Tablets 2 Time(s) per Day For 7 Day(s) others 0 Surgery: Dendoscopy: Estmated Costs 1 Lab 10,0000 1 Physiotherapy: Dendoscopy: Estmated Costs 1 In-patient Required 7 Length of Stay Indicate Provider, Insurer, Employer or other Organization to release any information regarding my medical condition and history to McMCARE for the purpose of determining insurance benefits. Medical monagement is the sole responsibility of doctor and the patent. 1 In-patient Required 7 Length of Stay Indicate 8 Recessary for the management of the patent. 1 In-patient Required 7 Length of Stay Indicate 8 Recessary for the management of the patents of the purpose of determining insurance benefits. Medical monagement is the sole responsibility of doctor and the patent. 1 In-patient Required 8 Stemp 1 In-patient Required 9 Length of Stay In-patient Requir	CPT Code	Treatm	ent						Туре	Price		
Reging Surgery: Candidate Costs Surgery: Candidate Costs Surgery: Cost Surgery: Surger	9	GP Con	sultation							General Consultation	25.0000	
September Code Generic Duration Instructions Instructi	83036	Hemog	lobin; glycosy	lated (A1C)					Lab	30.0000	
Source S	82948	Glucose	e; blood, reag	ent strip					Lab	10.0000		
Code Generic Duration Instructions 5362-330001- 1771 (PREDNISONE : 10 MG) TABLETS 5 Take 1 Tablets 2 Time(s) per Day For 5 Day(s) others 6281-389001- 10151 (FUSIDIC ACID : 20 MG/G) (BETAMETHASONE VALERATE : 1 10 Take 1 Tablets 2 Time(s) per Day For 10 Day(s) others 0333-116206- 10333-116206- 10333-116206- 10336-	86140	C-react	ive protein;							Lab	15.0000	
5562-330001- 1171 (PREDNISONE: 10 MG) TABLETS 0281-389001- 1051 0281-389001- 1051 0333-116206- 0391 (AMOXICILLIN: 875 MG) (CLAVULANIC ACID: 125 MG) FILM O331- 116206- 0391 O333-116206- 0391 O345-	85027	Blood o	count; comple	ete (CBC), a	utomated (Hgb, Hct, RBC	, WBC and plat	elet count)		Lab	15.0000	
5562-330001- 1171 (PREDNISONE: 10 MG) TABLETS 0281-389001- 1051 0281-389001- 1051 0333-116206- 0391 (AMOXICILLIN: 875 MG) (CLAVULANIC ACID: 125 MG) FILM O331- 116206- 0391 O333-116206- 0391 O345-												
Day(s) others Cast	Code	G	ieneric					Duration	Instruct	ions		
O151 MG/GM) CREAM O333-116206- O391 COATED TABLETS Estmated Costs Surgery: Physiotherapy: Physiotherapy: Indicate Provider Indicate Provider Indicate Provider, Insurer, Employer or other Organization to release any information regarding my medical condition and history to NEXTCARE for the purpose of determining insurance benefits. Medical management is the sole responsibility of doctor and the patent. OIAMAN HUSSAIN OISIGnature & Stamp D. Alsan Hussain General Pactioner OIMAN MOOL Currant Laboratory (AMOXICILIUN: 875 MG) (CLAVULANIC ACID: 125 MG) FILM 7 Take 1Tablets 2 Time(s) per Day For 7 Day(s) others Take 1Tablets 2 Time(s) per Day For 7 Take 1Tablets 2 Time(s) per Day For 7 Take 1Tablets 2 Time(s) per Day For 7 Take		1- (F	PREDNISONE	: 10 MG) T	ABLETS			5				
OBJUST ON THE PROPERTY OF THE	II .) (BETAMET	HASONE VALE	ERATE : 1	10				
Surgery: Other Procedures: If yes please specify Indicate Provider I hereby certfy that all information mentioned are correct & that the medical services shown on this form were medically indicated & necessary for the management of his case. Ireating Physician Name: AHSAN HUSSAIN Tel / Fax (important): Surgery: Other Procedures: If yes please specify Indicate Provider I hereby authorize any Healthcare Provider, Insurer, Employer or other Organization to release any information regarding my medical condition and history to NEXtCARE for the purpose of determining insurance benefits. Medical management is the sole responsibility of doctor and the patent. Signature & Stamp DI Alsan Hussain General Practitioner DIN INSUSSIONI CHICARE MEDICAL CENTER LLC UNIN - U.A.E.	ll .	,			(CLAVULAN	IC ACID : 125				For 7		
Surgery: O Physiotherapy: O Cher Procedures: If yes please specify Indicate Provider Indicate Provide	O Pharmacy	:		Estmated	Costs	Caboratory / Radiology:			y:	Estmated Costs		
S the following required Other Procedures: If yes please specify Indicate Provider In				O Surgor	24							
If yes please specify If yes please specify Indicate Provider Indic	Is the followin	o requir	ed							1		
Indicate Provider Estimate Cost I hereby certfy that all informaton mentoned are correct Redically indicated & necessary for the management of this case. Treating Physician Name : AHSAN HUSSAIN Tel / Fax (important): DI Alsan Hussain General Practitioner DHA No. 1754365-001 CITCARE MEDICAL CENTER LLC DUBAL J. L.E.	is the following	ig reguir	Cu	Physic	шегару.					-		
I hereby certfy that all informaton mentoned are correct It hereby authorize any Healthcare Provider, Insurer, Employer or other Organizaton to release any informaton regarding my medical condition and history to NEXtCARE for the purpose of determining insurance benefts. Medical management is the sole responsibility of doctor and the patent. Treating Physician Name: AHSAN HUSSAIN Tel / Fax (important): DI. Alsan Hussain General Practitioner DHA No. 8754955-001 CITCARE MEDICAL CENTER LCC DUBAL-U.A.E.							ii yes piedse s	рсспу				
to release any information regarding my medical condition and history to NEXtCARE for the medically indicated & necessary for the management of his case. Treating Physician Name: AHSAN HUSSAIN Tel / Fax (important): Dr. Ahsan Hussain General Practitioner DHA No. 8754855-001 CITCARE MEDICAL CENTER LIC DUBNI-UAE,						1			., ,			
Treating Physician Name : AHSAN HUSSAIN Tel / Fax (important): Signature & Stamp Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICAR MEDICAL CENTER LLC DUBAI - U.A.E.	& that the me	dical ser	vices shown o	n this forn	n were	to release an for the purpo	y informaton r ose of determin	egarding m ning insuran	y medical ce benefts	conditon and history to	NEXtCARE	
Signature & Stamp Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICARE MEDICAL CENTER LLC DUBAI- U.A.E.		cian Nam	e : AHSAN H l	JSSAIN		, ,		,				
Dr. Ahsan Hussain General Practitioner Dha No: 87543658-001 CITICARE MEDICAL CENTER LLC DUBAI • U.A.E.	Tel / Fax (impo	rtant):										
Dr. Ahsan Hussain General Practitioner Dha No: 87543658-001 CITICARE MEDICAL CENTER LLC DUBAI • U.A.E.	Signatura & St	amn.	96									
	Dr. Ahsan Hus General Practift DHA No: 875436 CITICARE MEDICAL C	SSAIN ioner 58-001 ZENTER LLC						ninor)				
Note: Claims must be submited along with supportng documents within 30 days from date of service		must lee	aubmitad - I - ·		northa de			data of	vico.			

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.