

eASOAP FORM



ADMINISTRATIVE

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

Patent Name:	ORHAN AMIR ABBASI	Gender:	Male	Validity Between:	10/07/2024 and 09/07/2025
Card No:	8FBF-D744-011B-2839	DOB:	3/14/2022 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-2022-6988388-4	Service Date:	07-Oct-2024	Radiology:	Covered
Policy Holder:		Patent's Tel No:	0554684516		
		Threshold Limit:			
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	37953	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 pc: fever flu cough						DD	MM	YYYY
Past Medical Surgical History?						Date of Symptoms/illness started		
☐ Yes ☐ No						DD	MM	YYYY
Obs/Gyn Claims						Date of Symptoms/illness started		
☐ Para ☐ Gravida: ☐ AB: LMP: Marital Status: Marital Date:						DD	MM	YYYY
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 : 00 : 24			T : 38.3		HR : 80		RR	
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM											
Type	Code	Diagnosis									
Primary	J06.9	Acute upper respiratory infection, unspecified									
Secondary	J00	Acute nasopharyngitis [common cold]									

Type	Code	Diagnosis
Secondary	R05	Cough
Secondary	R50.9	Fever, unspecified
Secondary	J20.9	Acute bronchitis, 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:		

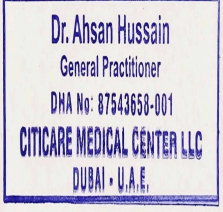
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim

CPT Code	Treatment	Type	Price
9	GP Consultation	General Consultation	25.0000
86140	C-reactive protein;	Lab	15.0000
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Lab	15.0000
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Co.Pay	10.0000
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	Co.Pay	40.0000
0195-107704-0802	CEFTRIAXONE-TABUK IM	Pharmacy	48.5000
2040-106618-1001	(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION	Pharmacy	10.7500
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	Co.Pay	15.0000
0188-135906-2441	PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	Pharmacy	10.4800

Code	Generic	Duration	Instructions
7512-014001-1161	(ADHATODA VASICA : 40MG/10ML) (OCIMUM SANCTUM : 32 MG/10ML) (SOLANUM XANTHOCARPUM : 32 MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 20 MG/10ML) (VIDANG (EMBELIA RIBES) : 20 MG/10ML) (PISTACIA INTEGERRIMA : 20 MG/10ML) (HEDYCHIUM SPICATUM : 12 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 8 MG/10ML) (PIPER LONGUM : 8 MG/10ML) SYRUP	7	Take 2 ml Syrup 3 Time(s) per Day For 7 Day(s) others
0005-106704-1161	(CHLORPHENIRAMINE : 0.75 MG/5 ML) (PARACETAMOL : 120 MG/5ML) (PSEUDOEPHEDRINE : 15 MG/5ML) SYRUP	5	Take 3 ml Syrup 2Time(s) perDay For 5 Day(s) after meal
0005-127401-0851	(AZITHROMYCIN : 200 MG/5ML) POWDER FOR SUSPENSION	5	Take 2.5 ML 2 Time(s) per Day For 5 Day(s) others
0006-402804-2481	(SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE)	5	Take 2ML 3 Time(s) per Day For 5 Day(s) others
0188-135907-2441	(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	5	Take 1ML 2 Time(s) per Day For 5 Day(s) 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	Estimate Cost
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 benefets. Medical management is the sole responsibility of doctor and the patent.	
Treating Physician Name : AHSAN HUSSAIN		
Tel / Fax (important):		
 Signature & Stamp 	 Patient's Signature(Parent if minor)	
Date :	Date : 07-Oct-2024	
Note: Claims must be submitted along with supportng documents within 30 days from date of service		

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 fnal opinion will be given by the NEXtCARE claims doctors.