## **eASOAP FORM**



## **ADMINISTRATIVE**

The member is allowed for **Out Patient** 

## at the CITICARE MEDICAL CENTER LLC

Patent Name:	MUHAMMAD AT MUHAMMAD AB			<b>S</b> Gender:		Male		Validity Between:		06/10/2024 and 05/10/2025			
Card No:	2C93-096F-93A7-E31		E318	DOB:				Coverage Inform for:	naton	Out Patient			
Pin #:				Identty Card:				Network:		RN UAE (Al Ansari-AUH MEDGULF		NUH)-	
Natonal ID:	784-2003-952346		i-9			10-Oct-2024 : 0524244416		Radiology:		Covered			
Policy Holder:			Threshold Limit:										
Payer Name:	ORIENT INSURA P.J.S.C		ICE	Class:		Normal							
				Out-Patent :	:								
Category:	Category B			Patent's File No:		44397		Pharmacy:		Co-Part: 20%			
Gatekeeper:	No			Consultaton :			Laboratory:		Covered				
Referral No: Referred Service:													
SUBJECTIVE ASSE	SSMENT												
Symptom(s) as described by the patent (Chief Complaint):										Date of Symptoms/illness started			
Complaint										DD	MM	YYYY	
High grade feve	er, pain in t	hroat an	nd freque	ncy of urine									
									Date of Symptoms/illness started				
Past Medical Surgical History?					$\Gamma$	○ Yes		○ No		DD	ММ	YYYY	
										Data of (	`	Umana atauta d	
Obs/Gyn Claims										Date of Symptoms/illness started DD MM YYYY			
Para	Gravida:		□ АВ:	LMP:	LMP: Marital Status:			Marital Date:				1	
What date did the	Dationt fire	t fool oon	no / aimile	or Symptom/o	) · dd	d mm vaaa							
Is the Patient und							what Asso	ssmont and sine	o whon:				
						es, mulcate	Wilat Asse	ssilient and sinc	e wiieii.				
OBJECTIVE / ASS		(To be c	ompleted	by Physician)		h e	al Signs :	D/D :	т.		LID :	D.D.	
Cillical Findings	•					:	ai Signs :	Б/Р:	Т:		HR:	RR	
Assessment/Dia	gnosis : CATE DIAG	O Aci NOSIS N		○ Chronic PTOM	0	) Confirmed	O Susp	ected					
Туре		Code		Diagnosis									
Primary	J06.9 Acute upper respiratory infection, unspecified												
Secondary	J01.10 Acute frontal sinusitis, unspecified												
Secondary		R50.9		Fever, unspecified									
Secondary		N39.0		Urinary tract infection, site not specified									
ACCIDENT/OCCL	JPATIONAL	Claim I	nformato	on (complete	if cla	aim is a resu	ılt of accid	lent or work rel	ated illn	ess/injury	/)		
Accident or illness due to work?			Injury due to road accident?  Describe how the acc				ow the accident	or work	related in	jury/illness	occur:		
○Yes ○No			○ Yes ○	○Yes ○No									
Date of accident	or beginni	ng of illr	ness:										
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim													

Tuest											
ireati	ment				Туре	Price					
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular							10.0000				
SODIL	JM CHLOR	Pharmacy	4.5000								
		Co.Pay	3.0000								
		Co.Pay	10.0000								
DEXA	METHASO	Pharmacy	1.7000								
CLOFE	Pharmacy	6.5000									
	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour  Co.Pay										
CEFTF	RIAXONE-T	Pharmacy	48.5000								
GP Co	onsultation	General Consultation	25.0000								
	Generic		Duration Instructions			ns					
History	Found										
O Pharmacy: Estmated Costs				O Laboratory / Radiolo	tory / Radiology:						
Surgery:  s the following required  Physiotherapy:				○ Endoscopy: ○ Other Procedures:							
If yes please specify											
1 0 1	414 04			Indicate Describes			F-4:4- O4				
			to release any informaton regarding my medical conditon and history to NEXtCARE								
		•	for the purpose of determining insurance benefts. Medical management is the sole								
			responsibility of doctor and the patent.								
	Enomen G	oodluck									
el / Fax (important):											
Que,											
	subcusions	SODIUM CHLOR Intravenous infu for primary prod Therapeutic, pro push, single or i  DEXAMETHASO  CLOFEN Intravenous infu initial, up to 1 h  CEFTRIAXONE-T  GP Consultation  Generic  History Found  equired  eq ? Length of Stay at all information relations shown of the services shown of t	SODIUM CHLORIDE B.P(SODIUM PHOSP CHLORIDE	SODIUM CHLORIDE B.P(SODIUM CHLORIDE : 0.9%  Intravenous infusion, hydration; each additional hor for primary procedure)  Therapeutic, prophylactic, or diagnostic injection (spush, single or initial substance/drug  DEXAMETHASONE SODIUM PHOSPHATE  CLOFEN  Intravenous infusion, for therapy, prophylaxis, or diainitial, up to 1 hour  CEFTRIAXONE-TABUK IV  GP Consultation  Generic  Burration  Estmated Costs  Surgery:  Physiotherapy:  ed ? Length of Stay at all information mentoned are correct in services shown on this form were at & necessary for the management of for the purpor responsibility.  Name: Enomen Goodluck	SODIUM CHLORIDE B.P(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INF  Intravenous infusion, hydration; each additional hour (List separately in addition for primary procedure)  Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) push, single or initial substance/drug  DEXAMETHASONE SODIUM PHOSPHATE  CLOFEN  Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance initial, up to 1 hour  CEFTRIAXONE-TABUK IV  GP Consultation    Generic   Duration	SODIUM CHLORIDE B.P(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION  Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)  Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug  DEXAMETHASONE SODIUM PHOSPHATE  CLOFEN  Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour  CEFTRIAXONE-TABUK IV  GP Consultation  Generic  Duration  Instructio  History Found  Estmated Costs  Captined  Surgery:  Physiotherapy:  Indicate Provider  Indicate Provider  Insuration  Insuration  Indicate Provider  Insuration  Insuration  Indicate Provider  Insuration  Insuration  Indicate Provider  Insuration  Indicate Provider  Insuration  Insuratio	SUBCUTANEOUS OF INTERMUSCULAR  SODIUM CHLORIDE B.P(SODIUM CHLORIDE: 0.9% W/V) SOLUTION FOR INFUSION  Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)  Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug  DEXAMETHASONE SODIUM PHOSPHATE  CLOFEN  Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour  CEFTRIAXONE-TABUK IV  GP Consultation  General Consultation  General Consultation  Estmated Costs  O Laboratory / Radiology:  Estmated Costs  O Surgery:  O Physiotherapy:  O Other Procedures:  If yes please specify  at all informaton mentoned are correct at services shown on this form were at a necessary for the management of responsibility of doctor and the patent.  Name: Enomen Goodluck				

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.

Date: 10-Oct-2024

Note: Claims must be submited along with supporting documents within 30 days from date of service

Patient's Signature(Parent if minor)

Signature & Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA NO: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.