

eASOAP FORM

ADMINISTRATIVE

The member is allowed for **Out Patient**

at the **CITICARE MEDICAL CENTER LLC**

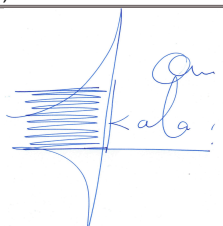
Patent Name: JENITHA PALIN	Gender: Female	Validity Between: 25/01/2024 and 24/01/2025
Card No: 6F14-AAF8-ACF8-4D17	DOB: 9/28/1997 12:00:00 AM	Coverage Information for: Out Patient
Pin #:	Identty Card:	Network: RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID: 784-1997-2802421-9	Service Date: 13-Oct-2024	Radiology: Covered
Policy Holder:	Patent's Tel No: 0588170470	
Payer Name: ORIENT INSURANCE P.J.S.C	Threshold Limit:	
	Class: Normal	
Category: Category B	Out-Patent :	
Gatekeeper: No	Patent's File No: 42924	Pharmacy: Co-Part: 20%
Referral No:	Consultaton :	Laboratory: Covered
Referred Service:		

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):		Date of Symptoms/illness started	
Complaint		DD	MM
PC: Missed periods, whitish vaginal discharge. LMP: 25/08/2028. Had previously seen her gyn and was managed for PCOS, also previously being managed for polloarthritis. Similar complaints with irregular periods has been on for over 2years now Abdominopelvic USS is advised. Refer to gyn clinic		YYYY	
Past Medical Surgical History?		☐ 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 : 97	T : 36.6	HR : 79	RR : 18
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM				
Type	Code	Diagnosis		
Primary	E28.2	Polycystic ovarian syndrome		
Secondary	N91.1	Secondary amenorrhea		
Secondary	N77.1	Vaginitis, vulvitis and vulvovaginitis in dis classd elswhr		

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
Code	Generic	Duration	Instructions
0252-140201-0061	(FLUCONAZOLE : 150 MG) CAPSULES	1	Take 1Tablets 1 Time(s) per Day For 1 Day(s) others. Repeat after one week
☐ 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 : 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)	
Date :		Date : 13-Oct-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 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 effects 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.