

eASOAP FORM

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

Patent Name:	MOHAMMED ZOHAN IRSADH	Gender:	Male	Validity Between:	08/12/2023 and (
Card No:	784202151448069	DOB:	3/24/2021 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (AI Ans: MEDGULF
Natonal ID:	784-2021-5144806-9	Service Date:	17-Oct-2024	Radiology:	Covered
		Patent's Tel No:	0522488126		
Policy Holder:		Threshold Limit:			
Payer Name:	MEDGULF - THE MEDITERRANEAN and GULF INSURANCE and REINSURANCE CO. B.S.C. (C) (DUBAI BRANCH)	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	44566	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 Fever, refusing meals, vomiting, and abdominal pain. Duration: 3days. ENT: hyperemic throat, petechie noted on the right ear lobe						DD	MM
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 : 00	T : 37.1	HR :
	RR : 24		

Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected
INDICATE DIAGNOSIS NOT SYMPTOM

Type	Code	Diagnosis
Primary	J02.9	Acute pharyngitis, unspecified
Secondary	R50.9	Fever, unspecified
Secondary	R11.10	Vomiting, 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	Price
9	GP Consultation	General Consultation	25.0

Code	Generic	Duration	Instructions
0005-662702-0991	(PREDNISOLONE (SODIUM PHOSPHATE) : 15MG/5ML) SOLUTION	5	Take 3ML 1 Time(Day(s) after meal
1516-107904-1111	(IBUPROFEN : 100 MG/5ML) SUSPENSION	3	Take 5ML 2 Time(Day(s) after meal
0325-142903-0852	(CEFIXIME : 100 MG/5ML) POWDER FOR SUSPENSION	7	Take 7.5ML 1 Time(7 Day(s) before m
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	7	Take 5ML 1 Time(Day(s) after meal
0102-106704-1161	(CHLORPHENIRAMINE : 0.75 MG/5 ML) (PARACETAMOL : 120 MG/5ML) (PSEUDOEPHEDRINE : 15 MG/5ML) SYRUP	5	Take 5ML 2 Time(Day(s) others

☐ Pharmacy:	Estimated Costs	☐ Laboratory / Radiology:	Estimated Costs
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Is the following required	☐ Surgery:	☐ Endoscopy:	
	☐ Physiotherapy:	☐ Other Procedures:	
		If yes please specify	

Is In-patient Required ? Length of Stay

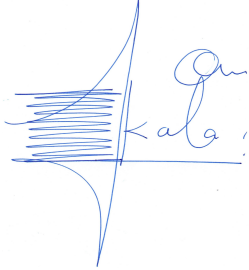
Indicate Provider

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 oth release any informaton regarding my medical conditon and history the purpose of determining insurance benefets. Medical managemer responsibility of doctor and the patent.

Treating Physician Name : **Enomen Goodluck**

Tel / Fax (important):

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

Date : 17-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 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. NEI has no responsibility for any discrepancies or errors contained in this pre-printed datasheet and final opinion will be given by the N doctors.