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The member is allowed for **Out Patient ADMINISTRATIVE** at the CITICARE MEDICAL CENTER LLC Patent Name: ABEL SIMON VAN IGHEM Gender: Validity Between: 03/07/2024 and 02/07/2025 Male 5/7/1991 12:00:00 Coverage Information Card No: BAE0-BAD7-C9CE-A1E7 DOB: **Out Patient** AM for: RN UAE (Al Ansari-AUH)-Pin #: Identty Card: Network: **MEDGULF** Natonal ID: 784-1991-1804439-7 Service Date: 19-Oct-2024 Radiology: Covered Patent's Tel No: 0527044418 Threshold Policy Holder: Limit: **ORIENT INSURANCE** Normal Payer Name: Class: P.J.S.C Out-Patent: Patent's File 44550 **Co-Part: 20%** Category: **Category B** Pharmacy: No: Gatekeeper: No Consultation: Laboratory: Covered Referral No: Referred Service:

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):						Date of S	Date of Symptoms/illness started		
Complaint						DD	ММ	YYYY	
PC: FEVER	PC: FEVER								
SORETHROAT									
EPIGASTRIC PAIN									
COLD	COLD								
BLOATING									
<u></u>									
Past Medical S	Surgical History?			○Yes	O No	Date of	Date of Symptoms/illness started		
Past ivieuitai s	urgicai mistory:			res	O NO	DD	MM	YYYY	
Obs/Gyn Claim	Obe/Cun Claims					Date of	Date of Symptoms/illness started		
Obs/ Gyll Claim	15					DD	MM	YYYY	
☐ Para	Gravida:	□ АВ:	LMP:	Marital Status:	Marital Date:	_			
				<u> </u>					
	he Patient first feel s								
Is the Patient u	nder any type of Tre	atment? U Y	es \bigcirc No	if yes, indicate what Asse	ssment and since when	ı :			
OBJECTIVE / A	ASSESSMENT(To b	e completed by	y Physician))					
Clinical Findings: Vital Signs: B/P:140 T::					38.4	HR : 120) RR		
Assessment/D	Diagnosis : O	Acute C	0	○ Confirmed ○ Susp	pected				
Туре	Code	2	Diagnosis						
Primary	J06.9)	Acute upper respiratory infection, unspecified						

Туре	Code	Diagnosis
Secondary	R10.13	Epigastric pain
Secondary	R09.81	Nasal congestion
Secondary	K29.00	Acute gastritis without bleeding
Secondary	R14.0	Abdominal distension (gaseous)
Secondary	J20.9	Acute bronchitis, unspecified

Accident or illness due to work? Injury due to road Describe how the accident or work related injury/illness occurs Describe how the accident or work related injury/illness occurs	Secondary	J2	20.9 Acute bronchitis, unspecified							
Accident or illness due to work? Second Preserve	ACCIDENT/OCC	UPATIONAL C	laim Informa	aton (complete if claim is a re	sult of accident or w	ork related	illness/in	jury)		
MEDICAL PLAN I termized Original Invoices and VERDICAL PLAN I termized Original Invoices and Supplicable Prescriptions / Resorts / Results must be enclosed to vertice raining of the prescriptions of Prescriptions / Resorts / Results must be enclosed to vertice raining or prescriptions of resorts or provided invoices and vertice invalation treatment for acute airway obstruction or for sput must induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose invoices and vertices or intermittent positive pressure breathing (IPPB) device) 0.188- 1.35906- 0.188- 1.35906- 0.25411 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular intravenous infusion, for therapy, prophylaxis, or diagnostic (specify substance or drug); initial. Co. Pay 40.0000 0.125- 1.122107- 1.022 DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INFUSION Pharmacy 2.3400 0.005- 1.74202- 0.005- 1.	Accident or illness due to work?			1 7 7	I lectibe how the accident or work relati				lated injury/illness occur:	
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim Processor Treatment Type Price 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) 1188- 135906- PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy 10.4800 24411 Pharmacy 10.4800 24412 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular 10.0000 6365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour 2.3400 10125- DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR Pharmacy 2.3400 10125- DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INFUSION Pharmacy 2.3400 10125- RISEK 40MG Pharmacy 48.5000 10261- ORDINARY Pharmacy 34.0000 1027- ORDINARY Pharmacy 48.5000 10391- CEFTRIAXONE-TABUK IV ORDINARY Pharmacy 48.5000 10391- ORDINARY CEFTRIAXONE-TABUK IV Pharmacy 48.5000 10391- ORDINARY CEFTRIAXONE-TABUK IV ORDINARY Pharmacy 48.5000 10391- ORDINARY CEFTRIAXONE-TABUK IV ORDINARY O	○ Yes ○ No			○ Yes ○ No						
CPT Code Treatment]					
Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg., with an aerosol generator, nebulizer, metered dose inhalate or intermittent positive pressure breathing [IPPB] device) 0188- 1359906- 2441 PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy 10.4800 963672 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular intramuscular Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour 0125- 122107- 1022 DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INFUSION Pharmacy 2.3400 1005- 174202- 2190- 100618- 10071 RISEK 40MG PARAFUSIV IV. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION Pharmacy 48.5000 0195- 107704- CEFTRIAXONE-TABUK IV Pharmacy 48.5000 0195- 107704- CEFTRIAXONE-TABUK IV Pharmacy 48.5000 0195- 107704- CEFTRIAXONE-TABUK IV Pharmacy 48.5000 0252-138801- (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 1Time(s) per Day For 5 Day(s) evening 0252-138801- (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 Table(s) after meal 0005-128802- (SYLOMETAZOLINE HYDROCHLORIDE: 0.1%) LIQUID FOR SPRAY (NASAL) Pharmacy CILAVULANIC ACID: 125 MG) (AMOXICILLIN: 875 MG) TABLETS 7 Take 1 Tablets 2 Time(s) per Day For 7 Day(s) after meal 0139-116206- (CLAVULANIC ACID: 125 MG) (AMOXICILLIN: 875 MG) TABLETS 7 Take 1 Tablets 2 Time(s) per Day For 7 Day(s) after meal OP Pharmacy: Estmated Costs Surgery: OEndoscopy: Physiotherapy: Other Procedures:	MEDICAL PLAN	Itemized Orig	inal Invoices	and Applicable Prescriptions	/ Reports / Results m	ust be enclo	sed to co	nsider claim	1 1	
15.0000 induction for diagnostic purposes (eg., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device) 15.0000 1688-135906-2 PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy 10.4800 16.4800 PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy 10.4800 16.4800 Politic prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular intramusc	CPT Code Treatment							Туре	Price	
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122107- INJECTION Pharmacy 2.3400 2190- 106618- 10061 PARAFUSIV I.V. 10MG/ML-{PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION Pharmacy 8.4000 2005- 174202- 17704- CEFTRIAXONE-TABUK IV Pharmacy 48.5000 301 Follow-up consultation Follow-up consultation Pharmacy 48.5000 302 Pharmacy Pharmacy Pharmacy 48.5000 48.5000 Pharmacy Pharma	96365						nitial,	Co.Pay	40.0000	
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107704- 0801 CEFTRIAXONE-TABUK IV Pharmacy 48.5000 9.01 Follow-up consultation General Consultation 0.0000	174202-	RISEK 40MG						Pharmacy	34.0000	
Code Generic Duration Instructions O195-123701- 0391 (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS O252-185801- 0391 (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS O005-128802- 1971 (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL) O139-116206- 1171 (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS O Pharmacy: Estmated Costs O Surgery: O Physiotherapy: Other Procedures:	107704-	CEFTRIAXONE-TABUK IV					Pharmacy	48.5000		
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Is the following required Other Procedures:	O Pharmacy:		Estma	ated Costs	osts Caboratory / Radiology:		Estma	Estmated Costs		
2 Thjoraticapp		Is the following required		urgery:	y: © Endoscopy:					
If yes please specify	Is the following			hysiotherapy:	Other Procedure	dures:				
					If yes please specify					

Indicate Provider Estimate Cost thorize any Healthcare Provider, Insurer, Employer or other Organizaton any informaton regarding my medical conditon and history to NEXtCARE
iny informaton regarding my medical conditon and history to NEXtCARE
pose of determining insurance benefts. Medical management is the sole
ty of doctor and the patent.
inature(Parent if minor) ct-2024 sin 30 days from date of service
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