

eASOAP FORM

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

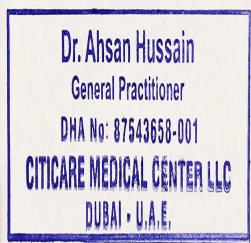
Patent Name:	HAFSA ASHFAQ ASHFAQ AHMAD SHAHZAD	Gender:	Female	Validity Between:	10/10/2024 and 10/10/2025
Card No:	BA1C-59D2-42B6-A83F	DOB:	8/30/2013 12:00:00 AM	Coverage Information for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (AI Ans: MEDGULF
Natonal ID:	784-2013-4604939-4	Service Date:	23-Oct-2024	Radiology:	Covered
		Patent's Tel No:	0551080254		
Policy Holder:		Threshold Limit:			
Payer Name:	TAKAFUL EMARAT	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	37765	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 pc: diarrhea stomach pain mausea and vomiting 1 day ago						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 : 91 T : 37.1 HR : RR : 19	
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM			
Type	Code	Diagnosis	
Primary	K29.00	Acute gastritis without bleeding	
Secondary	R11.2	Nausea with vomiting, unspecified	
Secondary	R19.7	Diarrhea, 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/illne
☐ 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			
0152-116617-1111	(METRONIDAZOLE : 125 MG/5ML) SUSPENSION	7	Take 1Syrup 2 Time(s) per Day For meal
1350-502201-1113	(SPORE OF BACILLUS CLAUSI : 2 BILLION/5ML) SUSPENSION	7	Take 1Solution 1 Time(s) per Day F meal
0252-106604-1161	(PARACETAMOL : 120 MG/5ML) SYRUP	7	Take 5 ml Syrup 2 Time(s) per Day after meal
0005-136502-1161	(HYOSCINE : 5 MG/5ML) SYRUP	7	Take 1Syrup 2 Time(s) per Day For meal
0031-168202-1111	(DOMPERIDONE : 1 MG/ML) SUSPENSION	7	Take 1Syrup 2 Time(s) per Day For meal
0005-150407-1172	(METOCLOPRAMIDE : 10 MG) TABLETS	7	Take 1Tablets 2Time(s) perDay For meal
☐ Pharmacy:		Estimated Costs	☐ Laboratory / Radiology:
Is the following required		☐ Surgery:	☐ Endoscopy:
		☐ Physiotherapy:	☐ Other Procedures:
		If yes please specify	
Is In-patient Required ? Length of Stay		Indicate Provider	
<i>I hereby certfy 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>		<i>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.</i>	
Treating Physician Name : AHSAN HUSSAIN			
Tel / Fax (important):			

 Signature & Stamp 	 Patient's Signature(Parent if minor)
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Date :

Date : 23-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. NEtcare has no responsibility for any discrepancies or errors contained in this pre-printed datasheet and final opinion will be given by the Netcare doctors.