eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the CITICARE MEDICAL CENTER LLC

Patent Name:	MUNTAHA MUBEEN MUHAMMAD	Gender:	Female	Validity Between:	14/08/2024 and 12/02/2025				
Card No:	460F-7F6E-8E7C-7F5B	DOB:	2/26/2024 12:00:00 AM	Coverage Informaton for:	Out Patient				
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)- MEDGULF				
Natonal ID: Policy Holder:	784-2024-8525456-3	Service Date: Patent's Tel No: Threshold Limit:	29-Oct-2024 0528465799	Radiology:	Covered				
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal						
		Out-Patent :							
Category:	Category B	Patent's File No:	44712	Pharmacy:	Co-Part: 20%				
Gatekeeper:	No	Consultaton :		Laboratory:	Covered				
Referral No:									
Referred Service:									
SUBJECTIVE ASS	SUBJECTIVE ASSESSMENT								
Symptom(s) as	described by the patent (C	hief Complaint):			Date of Symptoms/illness started				

Complaint									DD	MM	YYYY	
PC: Fever, cough, difficulty breathing and wheezing.												
Duration: 7	days.											
Said to have	e previously rec	eived tr	reatment in	another f	acility with no	relief.						
Current me	dications: adol,	fenistil	, scopina, g	lvcilax, fus	ibact, klavox,	movicol and a	amvdramine.					
	espread crepitat		. ,	.,,	,							
		10113 611	id friorici.									
ENT: hypere	emic tonsils.											
					O				Date of Symptoms/illness started			
Past Medical	Surgical History	y? 			○Yes		○No		DD	MM	YYYY	
Obs/Gyn Clai	ms							-	Date of Symptoms/illness started			
ODS/ Gyrr Cian	1113			·					DD	ММ	YYYY	
Para	Para Gravida: AB: LMP:		Marital Status:		Marital Date:							
What date did the Patient first feel same / similar Symptom(s) : dd mm yyyy												
				•		<u> </u>	ssment and since	when:				
	ASSESSMENT(
	Clinical Findings: Vital Signs: B/P:0 T:37 HR:112:28									2 RR		
Assessment/ IN	Diagnosis : NDICATE DIAGN	O Acu NOSIS N		Chronic OM	O Confirme	ed OSusp	ected					
Type Code Diagnosis		iagnosis										
Primary J18.0 Bronchop			ronchopneumonia, unspecified organism									
Secondary J21.9 Acute bi			Acute bro	Acute bronchiolitis, unspecified								
Secondary R50.9 Fever, u				Fever, un	Fever, unspecified							
Secondary R06.2 Wh			Wheezing	Wheezing								

ABBIOLAL PLAN I termized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim AEDICAL PLAN I termized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim Type Price General Consultation 25,000 Pharmacy 25,000 Pharmacy 25,000 Pharmacy 25,000 Pharmacy 25,000 Pharmacy 25,000 COST 149902- CLOFEN Pharmacy 25,000 COST 149902- CLOFEN Pharmacy 25,000 Pharmacy 26,500 Pharmacy 36,500 Pharmacy 3	Туре		Code		Diagnosis							
Comparison Com	Secondary		R05	(Cough							
Accident? Describe now the accident or work related injury/inness occurrence of mines on the accident or work related injury/inness occurrence of mines of accident or beginning of illness:	ACCIDENT/OC	CUPATION	AL Claim Ir	nformaton (c	omplete i	f claim is a re	sult of accide	nt or work r	elated illne	ess/inj	ury)	
REDICAL PLAN Itembzed Original invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim Procedure Procedure Procedure Procedure Procedure	Accident or illn	ess due to	work?		to road	Describe how the accident or work related injury/illness occur:					cur:	
CPT Code Treatment	○ Yes ○ No			(No							
Price Pri	Date of accident or beginning of illness:											
DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR Consultation 25,000 (Consultation 25,000 (Co	MEDICAL PLAN	Itemized (Original Inv	voices and A	pplicable I	Prescriptions /	Reports / Res	sults must b	e enclosed	to cor	nsider claim	
9 GP Consultation 25,000. 1225-122107- DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR Pharmacy 2,3400. 10005- 149902- CLOFEN Pharmacy 2,3400. 109903- CLOFEN Pharmacy 6,5000. 10991- 109704-	CPT Code	Treatme	nt								Туре	Price
December	9	GP Consultation 25									25.0000	
149902- CLOFEN	122107-	Pharmacy / 3400									2.3400	
Up to 1 hour Corray 40,000 48,5	149902-	CLOFEN Pharmacy 6.50									6.5000	
107704- CEFTRIAXONE-TABUK IV Pharmacy 48.500 86.140 C-reactive protein; Lab 15.000 1	96365			n, for therap	y, prophyl	axis, or diagno	osis (specify su	ubstance or	drug); initi	al,	Co.Pay	40.0000
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count O006- 402803- 2071 O188- 135906- 2441 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) Code Generic Outration (IBUPROFEN: 100 MG/5ML) SUSPENSION Safter meal O027-128801- (XYLOMETAZOLINE HYDROCHLORIDE: 0.05%) LIQUID FOR 5 Take 5ML 2 Time(s) per Day For 5 Day(s) after meal O005-141501- 2481 (AMBROXOL: 15 MG/5ML) SYRUP (SUGAR FREE) 7 Take 2-Spray 3 Time(s) per Day For 7 Day(s) others O005-662702- 0005-662702- 00091 O005-142701- 0005-062702	107704-	CEFTRIAX	(ONE-TABL	JK IV							Pharmacy	48.5000
automated differential WBC count 0006- 402803- 2071 0188- 135906- 2441 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) Code Generic 0008-1156-107904- (IBUPROFEN:100 MG/5ML) SUSPENSION 1516-107904- (IBUPROFEN:100 MG/5ML) SUSPENSION 1516-107904- (IRUPROFEN:100 MG/5ML) SYRUP (SUGAR FREE) 1516-107904- (IRUPROFEN:100 MG/5ML) SYRUP (SUGAR FREE) 1516-107904- (IRUPROFEN:100 MG/5ML) SYRUP (SUGAR FREE) 1516-107904- (AMBROXOL:15 MG/5ML) SYRUP (SUGAR FREE) 1516-107904- (ARBROXOL:15 MG/5ML) SYRUP (SUGAR FREE) 1516-10	86140	C-reactive	e protein;								Lab	15.0000
402803- 2071 VENTOLIN NEBULES Plarmacy 10.480 10.480 Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhalater or intermittent positive pressure breathing [IPPB] device) Code Generic Duration Instructions 1516-107904- (IBUPROFEN: 100 MG/5ML) SUSPENSION 1516-107904- (ISUPROFEN: 100 MG/5ML) SYRUP (SUGAR FREE) 1516-107904- (AMBROXOL: 15 MG/5ML) SYRUP (SUGAR FREE) 1516-107904- (AMBROXOL: 15 MG/5ML) SYRUP (SUGAR FREE) 1516-107904- (AZITHROMYCIN: 200 MG/5ML) POWDER FOR SUSPENSION 1516-107904- (AZITHROM	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and								20.0000		
Planmacy 10.480 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 inhalaer or intermittent positive pressure breathing [IPPB] device) Code Generic Duration Instructions 1516-107904- 1111 (IBUPROFEN: 100 MG/5ML) SUSPENSION 5 Take SML 2 Time(s) per Day For 5 Day(s) after meal 0027-128801- 1971 (XYLOMETAZOLINE HYDROCHLORIDE: 0.05%) LIQUID FOR 5 Take 2Spray 3 Time(s) per Day For 5 Day(s) others 0005-114501- 2481 (AMBROXOL: 15 MG/5ML) SYRUP (SUGAR FREE) 7 Take 4ML 2 Time(s) per Day For 7 Day(s) others 0005-662702- 0005-602702- 0005-602702- 0005-602702- 0005-602702- 0005-06	402803-	VENTOLIN NEBULES Pharmacy 1								1.5300		
15.000 1	135906-	PULMICORT							10.4800			
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1971 SPRAY (NASAL) 0005-114501- 2481 (AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE) 7 Take 4ML 2 Time(s) per Day For 7 Day(s) others 0005-662702- 0991 SOLUTION 1 Take 2.5ML 1 Time(s) per Day For 5 Day(s) evening 1 Take 3ML 1 Time(s) per Day For 5 Day(s) evening 1 Take 3ML 1 Time(s) per Day For 5 Day(s) evening 1 Take 3ML 1 Time(s) per Day For 5 Day(s) evening 1 Take 3ML 1 Time(s) per Day For 5 Day(s) evening 2 Take 3ML 1 Time(s) per Day For 5 Day(s) evening 3 Take 3ML 1 Time(s) per Day For 5 Day(s) evening 4 Take 3ML 1 Time(s) per Day For 5 Day(s) evening 5 Take 3ML 1 Time(s) per Day For 5 Day(s) evening 6 Surgery: 6 Estmated Costs 6 Surgery: 7 Dendicate Provider 8 In-patient Required ? Length of Stay 8 In-patient Required ? Length of Stay 9 Indicate Provider 9 Indicate Provider 1 Indicate Provider 1 Indicate Provider Insurer, Employer or other Organizator to release any information regarding my medical condition and history to NEXtCAR for the purpose of determining insurance benefts. Medical management is the solution of the purpose of determining insurance benefts. Medical management is the solution of the purpose of determining insurance benefts. Medical management is the solution of the purpose of determining insurance benefits. Medical management is the solution of the purpose of determining insurance benefits. Medical management is the solution of the purpose of determining insurance benefits.	(IBUPROFEN · 100 MG/5ML) SUSPENSION						5					
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Op91 SOLUTION So		TAMBRUXUL TO MIG/SMILL SYRUP INDIGAR FREEL							ne(s) per Day For 7 Day(s)			
OR52 CAZITHROMYCIN: 200 MG/SML) POWDER FOR SUSPENSION Calculate Provider Calculate Provider, Insurer, Employer or other Organization to release any information regarding my medical condition and history to NEXTCARS for the purpose of determining insurance benefits. Medical management is the solic responsibility of doctor and the patent. Calculate Provider Cal								ЛL 1 Ti	Time(s) per Day For 5 Day(s)			
Surgery: Physiotherapy: If yes please specify Indicate Provider In	II I AZITHROMYCIN 1200 MG/SMITPOWDER FOR SUSPENSION 15							e(s) per Day For 5	5 Day(s)			
Sthe following required Physiotherapy: Other Procedures: If yes please specify Indicate Provider Indicate Provider Indicate Provider, Insurer, Employer or other Organizator, to release any informaton regarding my medical condition and history to NEXtCAR for the purpose of determining insurance benefts. Medical management is the sold responsibility of doctor and the patent. Treating Physician Name: Enomen Goodluck	O Pharmacy: Estmated Costs				osts	○ Laboratory			gy:	Estma	ted Costs	
If yes please specify Indicate Provider Indicate	(O Surgery:	Surgery:			O Endoscopy:				
If yes please specify Indicate Provider Indicate	s the following		O Physiotherapy:			Other Procedures:						
hereby certfy that all informaton mentoned are correct that the medical services shown on this form were nedically indicated & necessary for the management of his case. I hereby authorize any Healthcare Provider, Insurer, Employer or other Organizator to release any informaton regarding my medical condition and history to NEXtCAR for the purpose of determining insurance benefts. Medical management is the solution and the patent. Teating Physician Name: Enomen Goodluck					.,		ļ					
hereby certfy that all informaton mentoned are correct that the medical services shown on this form were nedically indicated & necessary for the management of his case. I hereby authorize any Healthcare Provider, Insurer, Employer or other Organizator to release any informaton regarding my medical condition and history to NEXtCAR for the purpose of determining insurance benefts. Medical management is the solution and the patent. Teating Physician Name: Enomen Goodluck												
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		an Name ·	Enomen G	oodluck		responsibility	oj doctor unit	ine puterit.	•			
	(,										

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 : 29-Oct-2024						
Note: Claims must be submited along with supporting doc	Note: Claims must be submited along with supportng 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 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.