

eASOAP FORM

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

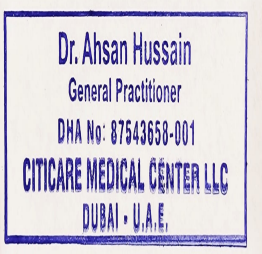
Patent Name:	ZIXUAN TONG	Gender:	Female	Validity Between:	01/03/2024 and 2
Card No:	D76F-1DB8-7995-7B56	DOB:	5/9/2013 12:00:00 AM	Coverage Information for:	Out Patient
Pin #:		Identity Card:		Network:	RN UAE (Al Ansa MEDGULF
National ID:	784-2013-1313955-8	Service Date:	02-Nov-2024	Radiology:	Covered
		Patent's Tel No:	0569121235		
Policy Holder:		Threshold Limit:			
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal		
		Out-Patient :			
Category:	Category B	Patent's File No:	44770	Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Consultation :		Laboratory:	Covered
Referral No:					
Referred Service:					

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patient (Chief Complaint):						Date of Symptom	
Complaint PC: WOUND ON LEFT LEG DORSAL SIDE 1.5*0.2 CM HISTORY OF CUT BY BROKEN GLASS 1 HOUR AGO ACCIDENTLY PAIN IN LEG						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 : 90 T : 36.6 HR : RR : 18	
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM			
Type	Code	Diagnosis	
Primary	S81.842A	Puncture wound w foreign body, left lower leg, init encntr	
Secondary	M79.605	Pain in left leg	
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
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)		Co.Pay
9	GP Consultation		General Consultation
Code	Generic	Duration	Instructions
0278-107904-1162	(IBUPROFEN : 100 MG/5ML) SYRUP	5	Take 3.5 ml Syrup 2 Tim 5 Day(s) others
0620-116226-0851	(CLAVULANIC ACID : 42.9MG/5ML) (AMOXICILLIN : 600MG/5ML) POWDER FOR SUSPENSION	5	Take 5 ml Syrup 2 Time Day(s) others
☐ 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			
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 benefsts. Medical managemer responsibility of doctor and the patent.	
Treating Physician Name : AHSAN HUSSAIN			
Tel / Fax (important):			

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

Date : 02-Nov-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.