eASOAP FORM

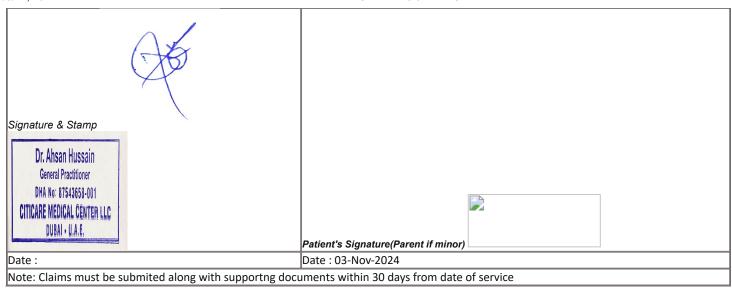


The member is allowed for **Out Patient ADMINISTRATIVE** at the CITICARE MEDICAL CENTER LLC **OMAR MEZYAD** Patent Name: ALGHAWTHANI MEZYAD Gender: Male Validity Between: 15/01/2024 and 14/01/2025 **ALGHAWTHANI** 1/5/2005 12:00:00 Coverage Informaton 52ED-ACFD-EBAA-255F Card No: DOB: **Out Patient** AM for: RN UAE (Al Ansari-AUH)-Pin #: **Identty Card:** Network: **MEDGULF** Natonal ID: 784-2005-9515371-7 Service Date: 03-Nov-2024 Covered Radiology: Patent's Tel No: 588792793 Threshold Policy Holder: Limit: **ORIENT INSURANCE** Payer Name: Class: **Normal** P.J.S.C Out-Patent: Patent's File 42617 Category: **Category B** Pharmacy: Co-Part: 20% No: Gatekeeper: Consultation: Laboratory: Covered No Referral No: Referred Service:

by inploin(3)	Symptom(s) as described by the patent (Chief Complaint):						Date of Symptoms/illness started		
Complaint							MM	YYYY	
PC: DIZZINES 2 DAYS									
MIGRAINE 3 DAYS									
PAIN IN NECK 2 DAYS									
HEADACHE 2 DAYS									
SPASM									
						Date o	Date of Symptoms/illness started		
Past Medical Surgical History?				○Yes	O No	DD	MM	YYYY	
							<u> </u>	/m	
Ohs/Gvn Claims						Date of Symptoms/illness started DD MM YYYY			
☐ Para	Gravida:	□ АВ:	LMP:	Marital Status:	Marital Date:		IVIIVI		
Nhat date did	I the Patient first feel	same / similar S	Symptom(s) : dd mm yyyy					
s the Patient	under any type of Tr	eatment? O Ye	es O No	if yes, indicate wha	t Assessment and sinc	e when:			
DBJECTIVE /	ASSESSMENT(To	be completed by	Physician)						
Clinical Find	ings :			Vital S : 19	igns: B/P:114	T : 36	HR :	78	

Туре	Code	Diagnosis
Primary	G43.D0	Abdominal migraine, not intractable
Secondary	G44.209	Tension-type headache, unspecified, not intractable
Secondary	M62.830	Muscle spasm of back
Secondary	M54.5	Low back pain
Secondary	M62.81	Muscle weakness (generalized)

Secondary	M62.81	Muscle v	Muscle weakness (generalized)						
ACCIDENT/OCCU	PATIONAL Claim Ir	nformaton (comple	te if claim is a re	esult of accident or w	ork related	illnes	s/injury)		
Accident or illnes	s due to work?	Injury d acciden	ue to road t?	to road Describe how the accident or work			lated injury/illness o	ccur:	
○ Yes ○ No		○Yes	○No						
	or beginning of illn]					
MEDICAL PLAN It	emized Original Inv	voices and Applicab	le Prescriptions	/ Reports / Results m	ust be encl	osed to	o consider claim		
CPT Code	Treatment						Туре	Price	
9	GP Consultation						General Consultation	25.0000	
96372	Therapeutic, p subcutaneous	Co.Pay	10.0000						
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour						Co.Pay	40.0000	
0005-149902- 1021	CLOFEN						Pharmacy	6.5000	
2190-106618- 1001	PARAFUSIV I.V. 10MG/ML						General Consultation	8.4000	
Code	Generic		Duration	Instr	nstructions				
1217-373201- 2401	(TOLPERISONE :	150 MG) SUGAR CO	DATED TABLETS	ED TABLETS 7			Take 1Tablets 2 Time(s) per Day For 7 Day(s) others		
1162-699701- 0391		IC ACID : 250 MG) (COATED TABLETS	CAFFEINE : 65 M				ke 1Tablets 1 Time(s) per Day For Day(s) others		
O Pharmacy: Estmated Co				O Laboratory / Radiology:		Es	stmated Costs		
		O Surgery:		○ Endoscopy:					
Is the following re	equired	O Physiotherapy:		Other Procedures:					
				If yes please specify					
ls In-nationt Requir	red ? Length of Stay	,		Indicate Provider			Fetim	nate Cost	
I hereby certfy th	at all informaton r al services shown o		Indicate Provider Estimate Cost I hereby authorize any Healthcare Provider, Insurer, Employer or other Organizaton to release any informaton regarding my medical conditon and history to NEXtCARE						
	ed & necessary for	f for the purpo	for the purpose of determining insurance benefts. Medical management is the sole responsibility of doctor and the patent.						
Treating Physician	Name : AHSAN H l	JSSAIN							
Tel / Fax (importan	t):								



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