

eASOAP FORM

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

Patent Name:	ZAIN YAZAN Osama Hijawi	Gender:	Male	Validity Between:	14/08/2024 and 14/08/2025
Card No:	8CE5-733D-6649-631B	DOB:	9/15/2023 12:00:00 AM	Coverage Information for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (AI Ans: MEDGULF
Natonal ID:	784-2023-2298817-5	Service Date:	06-Nov-2024	Radiology:	Covered
		Patent's Tel No:	0564600338		
Policy Holder:		Threshold Limit:			
Payer Name:	AL SAGAR NATIONAL INSURANCE COMPANY	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	44818	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						DD	MM
PC: wheezy chest 1 day							
cough							
flu							
Past Medical Surgical History?						Date of Symptom	
☐ Yes						DD	MM
☐ No							
Obs/Gyn Claims						Date of Symptom	
☐ Para						DD	MM
☐ 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 : 0 RR : 24	T : 36.7	HR :
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Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected
INDICATE DIAGNOSIS NOT SYMPTOM

Type	Code	Diagnosis
Primary	R06.2	Wheezing
Secondary	J20.9	Acute bronchitis, unspecified
Secondary	J00	Acute nasopharyngitis [common cold]
Secondary	J30.9	Allergic rhinitis, unspecified
Secondary	R05	Cough

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/illness occurred
☐ Yes ☐ No	☐ Yes ☐ No	
Date of accident or beginning of illness:		

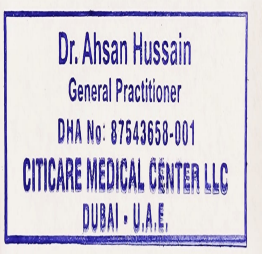
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim

CPT Code	Treatment	Type	Price
9	GP Consultation	General Consultation	25.0

Code	Generic	Duration	Instructions
0788-106604-1111	(PARACETAMOL : 120 MG/5ML) SUSPENSION	7	Take 2.5 ml Syrup 2 Time(s) per Day after meal
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	5	Take 2.5 ml Syrup 2 Time(s) per Day after meal
0188-135907-2441	(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	5	Take 1Solution 2 Time(s) per Day 1 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>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>	<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 benefsts. 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 : 06-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. NE: no responsibility for any discrepancies or errors contained in this pre-printed datasheet and final opinion will be given by the N doctors.