

eASOAP FORM

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

Patent Name:	EI ZIN PHYO	Gender:	Female	Validity Between:	25/10/2024 and 25/10/2025
Card No:	6747-65AA-7E25-4C0A	DOB:	4/11/2004 12:00:00 AM	Coverage Information for:	Out Patient
Pin #:		Identity Card:		Network:	RN UAE (AI Ansar) MEDGULF
National ID:	784-2004-1150969-6	Service Date:	11-Nov-2024	Radiology:	Covered
		Patent's Tel No:	0544236058		
Policy Holder:		Threshold Limit:			
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal		
		Out-Patient :			
Category:	Category B	Patent's File No:	43095	Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Consultation :		Laboratory:	Covered
Referral No:					
Referred Service:					

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):						Date of Symptom	
Complaint PC: cough for the past 5days. Also recurrent low grade fever and myalgia. Pain in the right ear. Said to have started suddenly after she was slapped by a colleague. Exam: Tragal tenderness on the right ear, TM is intact, no significant abnormality detected.						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 : 100 RR : 18	T : 36.9	HR :
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Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected
INDICATE DIAGNOSIS NOT SYMPTOM

Type	Code	Diagnosis
Primary	J06.9	Acute upper respiratory infection, unspecified
Secondary	H92.01	Otalgia, right ear
Secondary	R05	Cough
Secondary	R50.9	Fever, unspecified
Secondary	G89.11	Acute pain due to trauma

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

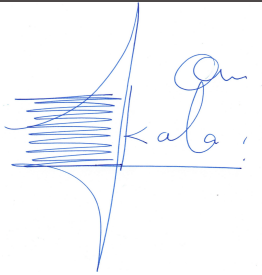
CPT Code	Treatment	Type	Price
9	GP Consultation	General Consultation	25.0

Code	Generic	Duration	Instructions
0005-119803-1171	(PREDNISOLONE : 20 MG TABLETS	5	Take 1Tablets 1 Time(s) per Day after meal others
0097-127405-0392	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	5	Take 1Tablets 1 Time(s) per Day after meal
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	7	Take 10ML 2 Time(s) per Day after meal
2027-560101-0392	(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	5	Take 1Tablets 3 Time(s) per Day after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	10	Take 1Tablets 1Time(s) per Day evening
0252-389802-1171	(PARACETAMOL : 500 MG (PSEUDOEPHEDRINE HCL : 30 MG TABLETS	10	Take 1Tablets 2 Time(s) per Day(s) after meal

☐ 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	I hereby authorize any Healthcare Provider, Insurer, Employer or other to release any informaton regarding my medical conditon and history for the purpose of determining insurance benefits. Medical managemer
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<i>this case.</i>	<i>responsibility of doctor and the patent.</i>
Treating Physician Name : Enomen Goodluck	
Tel / Fax (important):	
 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 : 11-Nov-2024
Note: Claims must be submitted along with supporting documents within 30 days from date of service	

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