Laboratory:

ADMINISTRATIVE

eASOAP FORM



at the CITICARE MEDICAL CENTER LLC

Covered

Muhammad Ansar Saif Patent Name: Gender: Male Validity Between: 30/07/2024 and 29/07/2025 Ullah Coverage Informaton 11/9/1996 12:00:00 Card No: 655F-E389-0E2C-246E DOB: **Out Patient** AMfor: RN UAE (Al Ansari-AUH)-Pin #: **Identty Card:** Network: **MEDGULF** Service Date: Covered Natonal ID: 784-1996-4092891-9 27-Nov-2024 Radiology: Patent's Tel No: 0521625456 Threshold Policy Holder: Limit: **ORIENT INSURANCE** Normal Payer Name: Class: P.J.S.C Out-Patent: Patent's File 45042 Category: **Category B** Pharmacy: Co-Part: 20% No:

The member is allowed for **Out Patient**

Consultation:

SUBJECTIVE ASSESSMENT

No

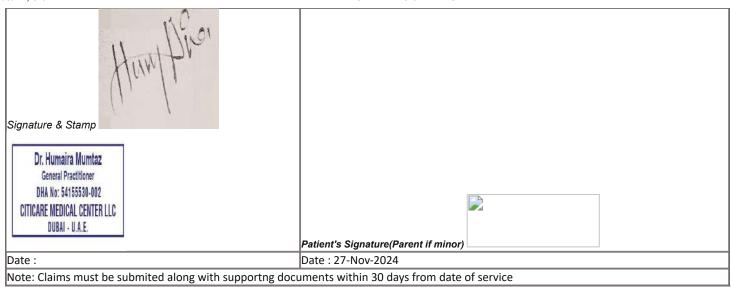
Gatekeeper:

Referral No: Referred Service:

Symptom(s) as described by the patent (Chief Complaint):							Date of Symptoms/illness started					
Complaint							DD	MM	YYYY			
co fever on and off body ache pain in throat 25th nov. 2024												
oe chest is clear no added sounds												
	oc onest is clear no added sounds											
restless	restless											
Post Madical Survival History 2					Voc		○ No		Date of S	symptoms/il	ptoms/illness started	
Past ivieuicai su	Past Medical Surgical History?						○ No		DD	ММ	YYYY	
Obs/Gyn Claims							Date of Symptoms/illness started					
· ,				1	т		Υ		DD	ММ	YYYY	
Para	Gravida:		☐ AB:	LMP:	Marital Statu	ıs:	Marital Date:					
				<u> </u>								
What date did the				• , ,,		•						
ls the Patient und	der any type	of Treat	ment? O Ye	es O No	if yes, indica	te what Asses	sment and since	when:				
OBJECTIVE / AS	SESSMEN	T <i>(To be d</i>	ompleted by	Physician)								
Clinical Findings	s :					Vital Signs :	B/P: 150	T : 3	8.2	HR : 82	RR	
						: 18						
Assessment/Dia	ignosis :	○ Ac	ute O	Chronic	O Confirme	ed OSusp	ected					
INDI	CATE DIAG	SNOSIS	NOT SYMPT	OM								
Туре		Code		Diagnosis								
Primary		J06.9		Acute upp	er respirator	y infection, ur	specified					
Secondary		R50.9		Fever, uns	pecified							

Туре	Code	Diagnosis
Secondary	J02.9	Acute pharyngitis, unspecified
Secondary	R52	Pain, unspecified
Secondary	K29.00	Acute gastritis without bleeding

3000	1132		,							
Secondary	K29.00) A	Acute gastritis without bleeding							
ACCIDENT/OCCUPA	TIONAL Claim	Informaton (co	omplete i	if claim is a re	sult of accide	nt or work i	related illne	ess/injury)		
Accident or illness due to work?				to road	Describe hov	w the accide	nt or work	elated injury/illness occur:		
○ Yes ○ No				○ Yes ○ No						
Date of accident or l	beginning of il	lness:								
MEDICAL PLAN Item	ized Original I	nvoices and Ap	oplicable I	Prescriptions /	' Reports / Re	sults must b	e enclosed	to consider claim		
CPT Code	CPT Code Treatment							Туре	Price	
9	GP Consultat	ion						General Consultation	25.0000	
96372		prophylactic, c s or intramusc		stic injection (specify substance or drug);				Co.Pay	10.0000	
96365	Intravenous i initial, up to		erapy, pro	ophylaxis, or diagnosis (specify substance or drug)			Co.Pay	40.0000		
0195-107704- 0801	CEFTRIAXON	E-TABUK IV				Pharmacy	48.5000			
0005-149902- 1021	149902- CLOFEN -(DICLOFENAC SODIUM : 75				MG/3ML) SOLUTION FOR INJECTION				6.5000	
2190-106618- 1001	PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLU					TION FOR INFUSION Pharmacy			8.4000	
Code	Generic				Duration Instruction			ns		
0005-107001- 0051	(CAFFEINE : 65 MG) (PARACETAM				AMOL : 500 MG) CAPLETS			Take 1Tablets 2 Time(s) per Day For 7 Day(s) others		
6445-533801- 1561	(ESOMEPRAZ CAPSULES	OLE (AS MAGI	NESIUM :	20 MG DELAY	ED RELEASE	7	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others			
1516-148602- 1171	(CLARITHROI	MYCIN : 500 M	G TABLET	Take 1Take others			olets 1 Time(s) per Day For 7 Day(s)			
O Pharmacy:	Estmated Co	mated Costs			ry / Radiolo	gy:	Estmated Costs			
Is the following required		O Surgery:	Surgerv:		○ Endoscopy:					
		O Physioth	erapy:		Other Procedures:					
	,			If yes please specify						
la la matiant Damina	0.1				In Prote Day	2.1		E-10		
Is In-patient Required I hereby certfy that		•	correct	I hereby auth	Indicate Prov		uider Insura	er, Employer or other (nate Cost	
& that the medical s				1 '	•			conditon and history to	-	
			for the purpose of determining insurance benefts. Medical management is the sole							
this case.				responsibility	of doctor an	d the patent				
Treating Physician Na	ame : Humaira									
Tel / Fax (important):										



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