## **eASOAP FORM**



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

Patent Name:	ABDULLA	AH ALI		Gender:	Male		Validity Between:	21/02/20	24 and 20/02	2/2025
Card No:	75EA-838	5-50D5-	BA2C	DOB:	2/8/2023 AM	12:00:00	Coverage Information for:	Out Pat	ient	
Pin #:				Identty Card:			Network:	RN UAE MEDGU	(Al Ansari-A ILF	UH)-
Natonal ID: Policy Holder:	784-2023-	1051980	0-0	Service Date: Patent's Tel N Threshold	: 11-Dec-2 No: 05516871		Radiology:	Covered	i	
Folicy Holder.				Limit:						
Payer Name:	ORIENT II P.J.S.C	NSURAI	NCE	Class:	Normal					
				Out-Patent :						
Category:	Category	В		Patent's File	41033		Pharmacy:	Co-Part	: 20%	
Gatekeeper:	No No			No: Consultaton	:		Laboratory:	Covered	1	
Referral No:							,			
Referred										
Service:										
SUBJECTIVE ASS	SESSMENT									
Symptom(s) as	described b	y the pa	atent (Chi	ef Complaint)	:			Date of	Symptoms/ill	ness started
Complaint								DD	MM	YYYY
pc: vomiting	11/12/2024									
'	11/12/2024									
fever										
<u> </u>				1			T	Data of	Symptoms/il	Inocc started
1	Past Medical Surgical History?				○Yes					
Past Medical Su	urgical Histo	ry?			○Yes		○No	DD DD	MM	YYYY
Past Medical Su	urgical Histo	ry?			○Yes		ONo	DD	MM	YYYY
		ery?			○Yes		○ No	DD Date of	MM Symptoms/il	YYYY Iness started
Obs/Gyn Claims	S	ry?						DD	MM	YYYY
		ory?	□ АВ:	LMP:	Yes  Marital Statu	s:	O No  Marital Date:	DD Date of	MM Symptoms/il	YYYY Iness started
Obs/Gyn Claims	s Gravida:				Marital Statu			DD Date of	MM Symptoms/il	YYYY Iness started
Obs/Gyn Claims Para What date did th	s Gravida:	t feel sai	me / simila	r Symptom(s)	Marital Statu : dd mm yyy	У		DD  Date of	MM Symptoms/il	YYYY Iness started
Obs/Gyn Claims Para What date did th	Gravida:  e Patient first der any type	t feel sai	me / simila	r Symptom(s) Yes O No	Marital Statu : dd mm yyy	У	Marital Date:	DD  Date of	MM Symptoms/il	YYYY Iness started
Obs/Gyn Claims Para What date did th	Gravida:  e Patient first der any type	t feel sai	me / simila	r Symptom(s) Yes O No	Marital Statu : dd mm yyyy if yes, indical	У	Marital Date: essment and since wher	DD  Date of	MM Symptoms/il	Iness started YYYY
Obs/Gyn Claims Para What date did th Is the Patient un OBJECTIVE / As Clinical Finding	Gravida:  e Patient first der any type  SSESSMENT  js:	t feel sai	me / simila	r Symptom(s) Yes No by Physician) Chronic	Marital Statu : dd mm yyyy if yes, indical	y te what Ass Vital Signs : : 24	Marital Date: essment and since wher	DD  Date of DD	MM Symptoms/il MM	Iness started YYYY
Obs/Gyn Claims Para What date did th Is the Patient un OBJECTIVE / As Clinical Finding	Gravida:  e Patient firs' der any type SSESSMENT ps :	t feel sai	me / simila	r Symptom(s) Yes No by Physician) Chronic	Marital Statu : dd mm yyyy if yes, indicat	y te what Ass Vital Signs : : 24	Marital Date: essment and since wher	DD  Date of DD	MM Symptoms/il MM	Iness started YYYY
Obs/Gyn Claims Para What date did th Is the Patient un OBJECTIVE / AS Clinical Finding Assessment/Dia	Gravida:  e Patient firs' der any type SSESSMENT ps :	of Treat	me / simila	r Symptom(s) Yes No by Physician) Chronic PTOM Diagnosis	Marital Statu : dd mm yyyy if yes, indicat	Vital Signs : : 24	Marital Date: essment and since wher B/P:00 T:	DD  Date of DD	MM Symptoms/il MM	Iness started YYYY
Obs/Gyn Claims Para What date did th Is the Patient un OBJECTIVE / AS Clinical Finding Assessment/Dia IND	Gravida:  e Patient firs' der any type SSESSMENT ps :	t feel san of Treati	me / simila	r Symptom(s) Yes No by Physician) Chronic PTOM Diagnosis Acute upper	Marital Statu : dd mm yyyy if yes, indicat	Vital Signs : : 24 ed Sus	Marital Date:  essment and since where  B/P:00 T:  pected	DD  Date of DD	MM Symptoms/il MM	Iness started YYYY
Obs/Gyn Claims Para What date did th Is the Patient un  OBJECTIVE / AS Clinical Finding  Assessment/Dia IND  Type Primary	Gravida:  e Patient firs' der any type SSESSMENT ps :	t feel sai of Treati (To be of NOSIS Code	me / simila	r Symptom(s) Yes No by Physician) Chronic PTOM Diagnosis Acute upper	Marital Statu  : dd mm yyyy if yes, indicat	Vital Signs : : 24  ed Sus	Marital Date:  essment and since where  B/P:00 T:  pected	DD  Date of DD	MM Symptoms/il MM	Iness started YYYY
Obs/Gyn Claims Para What date did th Is the Patient un OBJECTIVE / AS Clinical Finding Assessment/Dia IND Type Primary Secondary	Gravida:  e Patient firs' der any type SSESSMENT ps :	Trobe of Actions Since Code J06.9 J00	me / simila	r Symptom(s) Yes No by Physician) Chronic PTOM Diagnosis Acute upper	Marital Statu  : dd mm yyyy if yes, indicat  Confirme respiratory i haryngitis [cc	Vital Signs : : 24  ed Sus	Marital Date:  essment and since where  B/P:00 T:  pected	DD  Date of DD	MM Symptoms/il MM	Iness started YYYY
Obs/Gyn Claims Para What date did th Is the Patient un OBJECTIVE / As Clinical Finding Assessment/Dia IND Type Primary Secondary Secondary	Gravida:  e Patient firs' der any type SSESSMENT ps :	Tro be of Actinosis Code J06.9 J20.9	me / simila	r Symptom(s) Yes No by Physician) Chronic PTOM Diagnosis Acute upper Acute nasop	Marital Statu  : dd mm yyyy if yes, indicat  Confirme respiratory i haryngitis [cc	Vital Signs : : 24  ed Sus	Marital Date:  essment and since where  B/P:00 T:  pected	DD  Date of DD	MM Symptoms/il MM	Iness started YYYY
Obs/Gyn Claims Para What date did th Is the Patient un  OBJECTIVE / As  Clinical Finding  Assessment/Dia IND  Type Primary Secondary Secondary Secondary Secondary Secondary	Gravida:  e Patient firs: der any type SSESSMENT JS: agnosis:	t feel said of Treats  (To be conosis Code  J06.9  J00  J20.9  R50.9  R05	me / simila ment? Ocompleted	r Symptom(s) Yes No by Physician) Chronic PTOM Diagnosis Acute upper Acute nasop Acute bronc Fever, unspec	Marital Statu  : dd mm yyyy if yes, indicat  Confirme respiratory i haryngitis [co	Vital Signs : : 24 ed Sus	Marital Date:  essment and since where  B/P:00 T:  pected	DD Date of DD	MM Symptoms/il MM  HR: 110	Iness started YYYY
Obs/Gyn Claims Para What date did th Is the Patient un  OBJECTIVE / As  Clinical Finding  Assessment/Dia IND  Type Primary Secondary Secondary Secondary Secondary Secondary	Gravida:  e Patient firs  der any type  SSESSMENT  js:  agnosis: ICATE DIAG	Trobe of Code John John John Ross Ross Joe Ross Ross Ross Ross Ross Ross Ross Ross	me / simila ment? Ocompleted	r Symptom(s) Yes No by Physician) Chronic PTOM Diagnosis Acute upper Acute nasop Acute bronc Fever, unspec	Marital Statu  : dd mm yyyy if yes, indicat  Confirme respiratory i tharyngitis [co hitis, unspeci	Vital Signs : : 24  ed Sus  nfection, ur  ommon cold fied	Marital Date:  essment and since where  B/P:00 T:  pected  specified	DD Date of DD  1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	MM Symptoms/il MM HR: 110	Iness started YYYY  RR
Obs/Gyn Claims Para What date did th Is the Patient un OBJECTIVE / AS Clinical Finding Assessment/Dia IND Type Primary Secondary Secondary Secondary Secondary Secondary ACCIDENT/OCC	Gravida:  e Patient firs  der any type  SSESSMENT  js:  agnosis: ICATE DIAG	Trobe of Code John John John Ross Ross Joe Ross Ross Ross Ross Ross Ross Ross Ross	me / simila ment? Ocompleted	r Symptom(s) Yes No by Physician) Chronic PTOM Diagnosis Acute upper Acute nasop Acute bronc Fever, unspec	Marital Statu  : dd mm yyyy if yes, indicat  respiratory i haryngitis [co hitis, unspeci cified  if claim is a re to road	Vital Signs : : 24  ed Sus  nfection, ur  ommon cold fied	Marital Date: essment and since wher B/P:00 T: pected specified dident or work related ill	DD Date of DD  1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	MM Symptoms/il MM HR: 110	Iness started YYYY  RR
Obs/Gyn Claims Para What date did th Is the Patient un  OBJECTIVE / As  Clinical Finding  Assessment/Dia IND  Type Primary Secondary Secondary Secondary Secondary Secondary ACCIDENT/OCC Accident or illne Yes \( \) No Date of acciden	Gravida:  e Patient first der any type  SSESSMENT JS:  agnosis: ICATE DIAG  CUPATIONAL ess due to we at or beginni	t feel said of Treating of Treating of Illing	me / similar ment? Ocompleted	r Symptom(s) Yes No by Physician) Chronic PTOM Diagnosis Acute upper Acute nasop Acute bronc Fever, unspec Cough Injury due accident? Yes	Marital Statu  : dd mm yyyy if yes, indicat  Confirme  respiratory i tharyngitis [co hitis, unspeci cified  if claim is a re to road  No	Vital Signs : : 24  ed Sus  nfection, ur  common color  fied  Describe h	Marital Date: essment and since wher B/P:00 T: pected specified dident or work related ill	DD Date of DD  37	MM Symptoms/il MM  HR: 110	Iness started YYYY  RR

2441  0788- 106604- 1111  (PARACETAMOL : 120 MG/5ML) SUSPENSION	rator, nébulizer, metere vice)		Pharmacy  Instructions  Take 1Solution 1 T	25.0000 15.0000 10.4800	
induction for diagnostic purposes (eg, with an aerosol gener inhaler or intermittent positive pressure breathing [IPPB] de 0188-135906-2441  PULMICORT  Code Generic  Generic  GUCOSE MONOHYDRATE: 3.2 G/200ML) (TRISODIUM CIT G/200ML) (SODIUM CHLORIDE: 0.35 G/200ML) (POTASSIUN G/200ML) SOLUTION (ORAL)  0031-168202-1000 (DOMPERIDONE: 1 MG/ML) SUSPENSION  (BUDESONIDE: 0.25 MG/ML) SUSPENSION FOR NEBULIZATI COT88-106604-1111  (PARACETAMOL: 120 MG/5ML) SUSPENSION	rator, nébulizer, metere vice)	Duration	Pharmacy  Instructions  Take 1Solution 1 T		
135906-2441   PULMICORT			Instructions Take 1Solution 1 T	10.4800	
5792- 876901- 1381			Take 1Solution 1 T		
5792- 876901- 1381			Take 1Solution 1 T		
876901- 1381 G/200ML) (SODIUM CHLORIDE : 0.35 G/200ML) (POTASSIUM G/200ML) SOLUTION (ORAL)  0031- 168202- 1111 (DOMPERIDONE : 1 MG/ML) SUSPENSION  1111 (BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATI  0788- 106604- 1111 (PARACETAMOL : 120 MG/5ML) SUSPENSION		7			
168202- 1111 (DOMPERIDONE : 1 MG/ML) SUSPENSION 0188- 135907- 2441 (BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATI 0788- 106604- 1111 (PARACETAMOL : 120 MG/5ML) SUSPENSION			Take 1Solution 1 Time(s) per Day For 7 Day(s) others		
135907- 2441 (BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATI 0788- 106604- 1111 (PARACETAMOL : 120 MG/5ML) SUSPENSION	(DOMPERIDONE : 1 MG/ML) SUSPENSION 7				
106604- 1111 (PARACETAMOL : 120 MG/5ML) SUSPENSION	(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION 7				
	(PARACETAMOL : 120 MG/5ML) SUSPENSION				
1086- 123702- 1381 (CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	1 MG/ML) SOLUTION (ORAL)			Take 3 ml Syrup 2Time(s) perDay For 7 Day(s) others	
O Pharmacy: Estmated Costs O I	aboratory / Radiology:	Est	mated Costs		
Surgery:	○ Endoscopy:				
s the following required OPhysiotherapy:	Other Procedures:				
If ye	s please specify				
s In-patient Required ? Length of Stay Indi	· · · · ·		Estima	ate Cost	

Is In-patient Required ? Length of Stay	Indicate Provider	Estimate Cost			
I hereby certfy that all informaton mentoned are correct	I hereby authorize any Healthcare Provider, Insurer, Em	ployer or other Organizaton			
& that the medical services shown on this form were	to release any informaton regarding my medical conditon and history to NEXtCARE				
medically indicated & necessary for the management of	for the purpose of determining insurance benefts. Medical management is the sole				
this case.	responsibility of doctor and the patent.				
Treating Physician Name : AHSAN HUSSAIN					
Tel / Fax (important):					
Signature & Stamp  Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICARE MEDICAL CENTER LLC DUBAI · U.A.E.  Date:	Patient's Signature(Parent if minor)  Date: 11-Dec-2024				
Note: Claims must be submited along with supporting doc	uments within 30 days from date of service				

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