## **eASOAP FORM**



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

Patent Name:	Muhamamd Bilal Khaliq Abdul		Gender: Male		Validity Betweer	Between: 21/06/2024 and 20/06/2		6/2025		
Card No:	B29C-315C-1757-854B		DOB:	9/19/1995 12:00:00 AM	Coverage Inform for:	aton	Out Patient			
Pin #:	Pin #:		Identty Card:		Network:		RN UAE (Al Ansari-AUH)- MEDGULF		AUH)-	
Natonal ID:	784-1995-6652504-6		Service Date: Patent's Tel No Threshold	11-Dec-2024 o: 0507864675	Radiology:		Covered			
Policy Holder:	ODIENT INQUIDA	NOE	Limit:							
Payer Name:	ORIENT INSURA P.J.S.C	NCE	Class:	Normal						
			Out-Patent :							
Category:	Category B		Patent's File No:	44177	Pharmacy:		Co-Part	: 20%		
Gatekeeper:	No		Consultaton :		Laboratory:		Covered	i		
Referral No: Referred Service:										
SUBJECTIVE ASS	SESSMENT									
Symptom(s) as	described by the p	atent (Chi	ef Complaint):					Tr.	Iness starte	d
Complaint							DD	MM	YYYY	
PC: FEVER 10/	12/2024									
FLU	FLU									
соидн										
LOW BACK OAIN										
EPIGASTRIC PA	AIN									$\Box$
Doct Madical Co	unaical History			O Yes	ONo		Date of S	Symptoms/i	Ilness starte	ed
Past Medical Su	irgical History?				ONO		DD	ММ	YYYY	$\Box$
							Date of S	 	llness starte	ed
Obs/Gyn Claims								MM	YYYY	
Para	Gravida:	□ АВ:	LMP: N	larital Status:	Marital Date:					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- D-4:4 f1	/ -::!-	C	dd						_
-	e Patient first feel sa			ga mm yyyy Yes, indicate what Ass	essment and since	when:				$\dashv$
				yes, marcate what Ass	sessifient and since	wiicii.				
Clinical Finding	SSESSMENT <i>(To be o</i> s :	completed	by Physician)	1 -	: B/P:130	T:3	7.2	HR : 92		RR
Assessment/Dia				: 18	spected					
	ICATE DIAGNOSIS	NOT SYM								$\dashv$
Туре	Code		Diagnosis							-
Primary		J06.9 Acute upper respiratory infection, unspecified								
Secondary		J00 Acute nasopharyngitis [common cold]  J20.9 Acute bronchitis, unspecified								
,			Dehydration							
Secondary E86.0 Secondary R50.9		Fever, unspecified						-		
Secondary			Cough						$-\ $	
Jecondary	1/03		Cougii							

ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury)

Injury due to road

Describe bout to consider the result of accident or work related into

accident?

Accident or illness due to work?

Describe how the accident or work related injury/illness occur:

		○Yes ○	No						
I Itemized Original I	nvoices and	Prescriptions /	Reports / Results m	ust be enclose	ed to cor	nsider claim			
Treatment Type								Price	
sequential intrave	Co.Pay	5.0000							
GP Consultation	General Consultation	25.0000							
C-reactive protein; Lab 15.0000									
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count  Lab  20.0000									
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular Co.Pay									
Intravenous infusion, hydration; initial, 31 minutes to 1 hour Co.Pay 25.0000								25.0000	
Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour  Co.Pay								40.0000	
Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)  Co.Pay 15.000									
PULMICORT Pharmacy 10								10.4800	
LACTATED RINGERS INJECTION USP								5.0000	
RISEK 40MG								34.0000	
DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION								2.3400	
PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION  Pharmacy  8.4000									
CEFTRIAXONE-TABUK IV Pharmacy 48.500									
Generic					Duration	Instruc	tions		
)_			Take				e 1Syrup 2 Time(s) per Day For		
0027-265802- 1161 (BUTAMIRATE DIHYDROGEN CITRATE :			0.15% W/V SY	'RUP					
,		, ,	,				ke 1Tablets 2 Time(s) per Day r 7 Day(s) others		
(CETIRIZINE HC	L : 10 MG) FI	LM COATED	IARIEI				e 1Tablets 1 Time(s) per Day 7 Day(s) others		
0139-116206- 1171 (CLAVULANIC ACID : 125 MG) (AMOXIC			ILLINI · S /5 M(s) LABLETS /				ake 1Tablets 2 Time(s) per Day or 7 Day(s) others		
Pharmacy: Estmated Costs			ts Caboratory / Radio			Estmated Costs			
	O Surgery:		○ Endoscopy:						
g required		O Physiotherapy:		Other Procedures:					
				If yes please specify					
nuired ? Length of Sta	av			Indicate Provider			Fetim	ate Cost	
		re correct	I hereby auth		Provider, Inst	urer, Emp			
lical services shown	on this form	were	to release an	y informaton regard	ing my medico	al condite	on and history to	NEXtCARE	
			, caponaidinty	טן מטבנטו עווע נוופ פו					
ian Name : AHSAN F	IUSSAIN								
	Treatment  Therapeutic, prop sequential intrave primary procedure GP Consultation C-reactive protein Blood count; com automated differe Therapeutic, prop intramuscular Intravenous infusi up to 1 hour Pressurized or nor induction for diag inhaler or intermit PULMICORT  LACTATED RINGER RISEK 40MG  DEXAMETHASONE INJECTION  PARAFUSIV I.V. 10  CEFTRIAXONE-TAE  Generic C- (BUTAMIRATE II CEFTRIZINE HC CETIRIZINE HC CETIRIZINE HC CONTROL CANDON CONTRACTOR CONTROL CANDON CONT	Treatment  Therapeutic, prophylactic, or of sequential intravenous push of primary procedure)  GP Consultation  C-reactive protein;  Blood count; complete (CBC), automated differential WBC contint intravenous infusion, hydration. Intravenous infusion, for theraup to 1 hour  Pressurized or nonpressurized induction for diagnostic purpoinhaler or intermittent positive. PULMICORT  LACTATED RINGERS INJECTION  RISEK 40MG  DEXAMETHASONE SODIUM PRINJECTION  RISEK 40MG  DEXAMETHASONE SODIUM PRINJECTION  PARAFUSIV I.V. 10MG/ML-(PARAFUSIV	Treatment  Therapeutic, prophylactic, or diagnostic ir sequential intravenous push of a new sub primary procedure)  GP Consultation  C-reactive protein; Blood count; complete (CBC), automated automated differential WBC count  Therapeutic, prophylactic, or diagnostic ir intramuscular  Intravenous infusion, hydration; initial, 31  Intravenous infusion, for therapy, prophyl up to 1 hour  Pressurized or nonpressurized inhalation induction for diagnostic purposes (eg, wit inhaler or intermittent positive pressure by the processor of the pulmicory of the property of the pulmicory of	Treatment  Therapeutic, prophylactic, or diagnostic injection (specisequential intravenous push of a new substance/drug (primary procedure)  GP Consultation  C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBG automated differential WBC count  Therapeutic, prophylactic, or diagnostic injection (specisintramuscular  Intravenous infusion, hydration; initial, 31 minutes to 1  Intravenous infusion, for therapy, prophylaxis, or diagnoup to 1 hour  Pressurized or nonpressurized inhalation treatment for induction for diagnostic purposes (eg, with an aerosol ginhaler or intermittent positive pressure breathing (IPP)  PULMICORT  LACTATED RINGERS INJECTION USP  RISEK 40MG  DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHAS INJECTION)  PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML)  CEFTRIAXONE-TABUK IV  Generic  Generic  (BUTAMIRATE DIHYDROGEN CITRATE: 0.15% W/V SY SY CITRATE: 0.	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initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 h	It temized Original Invoices and Applicable Prescriptions / Reports / Results must be enclos  Treatment  Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each addition to code primary procedure)  GP Consultation  C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count  Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutance intramuscular  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); in up to 1 hour  Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sp induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)  PULMICORT  LACTATED RINGERS INJECTION USP  RISEK 40MG  DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION  PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION  CEFTRIAXONE-TABUK IV  Generic  Generic  [OBPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS  [CETIRIZINE HCL : 10 MG) FILM COATED TABLETS  [CILIVIDADE CACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS  [CILIVIDADE CACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS  [CILIVIDADE CACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS  [CILIVIDADE CACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS  [CILIVIDADE PROCEdures: If yes please specify    Physiotherapy:   Other Procedures: If yes please specify    Physiotherapy:   Other Procedures: If yes please specify    Physiotherapy:   Indicate Provider   Interby authorize any Healthcare Provider, Instituted or Interpretation of the provider   Interpretation of the provider   Interpretation of the provider   Interpretation of the	It emized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to cor  Treatment Treatment Treatment Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) GP Consultation C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular Intravenous infusion, hydration; initial, 31 minutes to 1 hour Intravenous infusion, hydration; initial, 31 minutes to 1 hour Intravenous infusion, prof therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)  PULMICORT  LACTATED RINGERS INJECTION USP  RISEK 40MG  DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INSECTION  PARAPUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION  CEFTRIAXONE-TABUK IV  Generic  Generic  Generic  CIGIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG)  (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS  Take 11 For 7 D  (CETRIZINE HCL : 10 MG) FILM COATED TABLETS  Take 11 For 7 D  (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS  Take 11 For 7 D  (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS  Take 11 For 7 D  (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS  Take 11 For 7 D  (CLAVULANIC ACID : 10 MG) FILM COATED TABLETS  Take 11 For 7 D  (CLAVULANIC ACID : 10 MG) FILM COATED TABLETS  Take 11 For 7 D  (CLAVULANIC ACID : 10 MG) FILM COATED TABLETS  Take 11 For 7 D  (CLAVULANIC ACID : 10 MG) FILM COATED TABLETS  Take 11 For 7 D  (CLAVULANIC ACID : 10 MG) FILM COATE	It control beginning of illiness:  It control original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim  Treatment  Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)  GP Consultation  C-reactive protein;  Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count  Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, hydration; initial, 31 minutes to 1 hour  Intravenous infusion, for therapy, prophylaxis, or diagnostis (specify substance or drug); subcutaneous or intravenous infusion, hydration; initial, up to 1 hour  Perssurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)  PULMICORT  Pharmacy  LACTATED RINGERS INJECTION USP  Pharmacy  LACTATED RINGERS INJECTION USP  Pharmacy  Pharmacy  Pharmacy  Pharmacy  Pharmacy  Pharmacy  CEFTRIAXONE-TABUK IV  Pharmacy  Generic  Generic  Duration Instructions  Take 113bles 2 Time(s) pro 7 Day(s) others  (EUTOMICHENING ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS  Take 113bles 2 Time(s) pro 7 Day(s) others  CEGUDOEPHEDRINE : 30 MG) FILM COATED TABLETS  CLAULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS  Pro 7 Day(s) others  Surgery:  Endoscopy:  Physiotherapy:  Definition Provider  Estimated Costs  Laboratory / Radiology:  Estmated Costs  Laboratory / Radiology:  Physiotherapy:  Physiotherapy:  Physiotherapy:  Physiotherapy:  Physiotherapy:  Physiotherapy:  Physi	

Signature & Stamp						
Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICARE MEDICAL CENTER LLC DUBAI • U.A.E,	Patient's Signature(Parent if minor)					
Date :	Date : 11-Dec-2024					
Note: Claims must be submited along with supportng documents within 30 days from date of service						

Disclaimer: NEXtCARE ASOAP form is used for claim creaton purposes. The data contained here should always be carefully reviewed. NEXtCARE will not be held responsible for misuse of claims submission's or any adverse efects caused due to the claims submissions. NEXtCare assumes no responsibility for any discrepancies or errors contained in this pre-printed datasheet and fnal opinion will be given by the NEXtCARE claims doctors.