

eASOAP FORM



ADMINISTRATIVE

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

Patent Name:	Faria Sabir Sabir Hussain	Gender:	Female	Validity Between:	20/07/2024 and 19/07/2025
Card No:	DF13-81C6-2A6C-C391	DOB:	7/10/1996 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-1996-6604380-9	Service Date:	12-Dec-2024	Radiology:	Covered
		Patent's Tel No:	0524547324		
Policy Holder:		Threshold Limit:			
Payer Name:	MetLife	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	43587	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 Symptoms/illness started		
Complaint PC: Painful swelling at the occipital region of the skull. Duration: recurrent. current episode = 4days. Exam: hyperemic, flunctuant and markedly tender. Incision and drainage is advised. For FBS 8am tomorrow						DD	MM	YYYY
Past Medical Surgical History? ☐ Yes ☐ No						Date of Symptoms/illness started DD MM YYYY		
Obs/Gyn Claims ☐ Para ☐ Gravida: ☐ AB: LMP: Marital Status: Marital Date:						Date of Symptoms/illness started DD MM YYYY		
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 : 110 T : 38.8 HR : 98 RR : 18		
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM					
Type	Code	Diagnosis			
Primary	L02.811	Cutaneous abscess of head [any part, except face]			

Type	Code	Diagnosis
Secondary	L03.811	Cellulitis of head [any part, except face]

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 occur:
☐ 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
9.01	Follow-up consultation	General Consultation	0.0000
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	Co.Pay	75.0000

Code	Generic	Duration	Instructions
0027-142201-2401	(DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0138-169101-1451	(DOXYCYCLINE : 100 MG CAPSULES (HARD GELATIN	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after meal
3114-671601-1451	(CEFALEXIN : 500 MG CAPSULES (HARD GELATIN	7	Take 1Tablets 3Time(s) perDay For 7 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

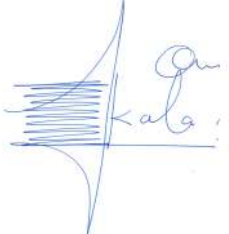
I hereby certify that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case.

I hereby authorize any Healthcare Provider, Insurer, Employer or other Organizaton to release any informaton regarding my medical conditon and history to NEXtCARE for the purpose of determining insurance benefsts. Medical management is the sole responsibility of doctor and the patent.

Treating Physician Name : **Enomen Goodluck**

Tel / Fax (important):

Signature & Stamp




Indicate Provider

Estimate Cost

Patient's Signature(Parent if minor)



Date :

Date : 12-Dec-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 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

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