eASOAP FORM



at the CITICARE MEDICAL CENTER LLC

ADMINISTRATIV	E The	member is allowed	l for Out Patient	at the CITICARE MEDICAL CENTER LLC				
Patent Name:	QASSEM MOHAMMAD ALKURDI	Gender:	Male	Validity Between:	15/01/2024 and 14/01/2025			
Card No:	35E8-B907-09C6-4D3C	DOB:	8/1/2001 12:00:00 AM	Coverage Informaton for:	Out Patient			
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)- MEDGULF			
Natonal ID: Policy Holder:	784-2001-2094681-7	Service Date: Patent's Tel No: Threshold Limit:	15-Dec-2024 0559804161	Radiology:	Covered			
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal					
		Out-Patent:						
Category:	Category B	Patent's File No:	38877	Pharmacy:	Co-Part: 20%			
Gatekeeper:	No	Consultaton:		Laboratory:	Covered			
Referral No:								
Referred Service:								
SUBJECTIVE	ASSESSMENT							
Symptom(s) as	described by the patent (C	hief Complaint):			Date of Symptoms/illness started			
Complaint					DD MM YYYY			

SUBJECTIVE A	SSESSMENT										
Symptom(s) as described by the patent (Chief Complaint):								Date of Symptoms/illness started			
Complaint							DD	MM	YYYY		
pc: pain and swelling in both legs											
fever 14/12/2024											
severe pain in knee joints											
							Date o	Date of Symptoms/illness star			
Past Medical Surgical History?				○ Yes		○ No	DD	MM	YYYY		
							Data o	f Sympto	ms/illness started		
Obs/Gyn Claims							DD	MM	YYYY		
□ Para □	Gravida:	☐ AB:	LMP:	Marital Status:		Marital Date:					
What date did the							1				
Is the Patient unde	er any type of Trea	tment? O	es ONo	if yes, indica	te what Asse	essment and since w	vhen:				
OBJECTIVE / ASS	·	completed by	/ Physician)								
Clinical Findings	:				/ital Signs : RR : 18	B/P : 120	T: 37.5	HI	R : 86		
Assessment/Diag	nosis : O A ATE DIAGNOSIS		Chronic	O Confirmed	d OSusp	ected					
Type	Code	Dia	gnosis								
Primary	R50.9	Fev	Fever, unspecified								
Secondary	M79.605	Pai	Pain in left leg								
Secondary	M79.604	Pai	Pain in right leg								
Secondary	R22.40	Loc	Localized swelling, mass and lump, unspecified lower limb								
ACCIDENT/OC	CUPATIONAL	Claim Info	rmaton (cor	nplete if clai	m is a result	of accident or wo	rk related il	lness/inju	ry)		
Accident or illness due to work? Injury due to accident?			to road	Describe how the accident or work related injury/illness occur:							

 \bigcirc Yes \bigcirc No

 $\bigcirc\,Yes\,\bigcirc\,No$

Date of accident or beginning of illness:

Itemized Origina	l Invoices and Applica	able Prescription	ns / Report	s/R	esults must be enclos	ed to consider claim				
Treatment	Туре	Price								
GP Consultation	General Consultation	25.0000								
	Co.Pay	40.0000								
PARAFUSIV I.	Pharmacy	8.4000								
	Co.Pay	10.0000								
CLOFEN -(DIC	Pharmacy	6.5000								
C-reactive prote	Lab	15.0000								
		Lab	20.0000							
							-			
Generic			Duration Instructions							
(IBUPROFE TABLETS	N : 400 MG) FILM C	OATED	7		Take 1Tablets 2 Timmeal	e(s) per Day For 7 Day(s) after				
O Pharmacy: Estmated Costs				tory	/ Radiology:	Estmated Costs	stmated Costs			
Surgery:			O Endoscopy:							
ired OPhysiotherapy:			Other Procedures:							
]	If yes please specify							
I hereby certfy that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case.				to release any informaton regarding my medical conditon and history to NEXtCARE for the purpose of determining insurance benefts. Medical management is the sole responsibility of doctor and the patent.						
Treating Physician Name : AHSAN HUSSAIN										
Signature & Stamp										
	Treatment GP Consultation Intravenous infinitial, up to 1 h PARAFUSIV I. INFUSION Therapeutic, prosubcutaneous of CLOFEN -(DIC C-reactive protect Blood count; consultant of the consultant o	Treatment GP Consultation Intravenous infusion, for therapy, projection initial, up to 1 hour PARAFUSIV I.V. 10MG/ML-(PARA INFUSION) Therapeutic, prophylactic, or diagnos subcutaneous or intramuscular CLOFEN -(DICLOFENAC SODIUM) C-reactive protein; Blood count; complete (CBC), autom automated differential WBC count Generic (IBUPROFEN : 400 MG) FILM CTABLETS Estmated Costs Surgery: Physiotherapy: d? Length of Stay t all informaton mentoned are correct services shown on this form were d. encessary for the management of	Treatment GP Consultation Intravenous infusion, for therapy, prophylaxis, or diagnostical, up to 1 hour PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 INFUSION) Therapeutic, prophylactic, or diagnostic injection (sp subcutaneous or intramuscular) CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, automated differential WBC count) Generic (IBUPROFEN: 400 MG) FILM COATED TABLETS Estmated Costs Surgery: Physiotherapy: d? Length of Stay all informaton mentoned are correct services shown on this form were & necessary for the management of to release any for the purpose responsibility of the purpose responsibility of the management of the purpose responsibility of the purpose responsibility of the management of the purpose responsibility of the purpose	Treatment GP Consultation Intravenous infusion, for therapy, prophylaxis, or diagnosis (specinitial, up to 1 hour PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) INFUSION Therapeutic, prophylactic, or diagnostic injection (specify substitubentaneous or intramuscular CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WB automated differential WBC count Generic (IBUPROFEN: 400 MG) FILM COATED TABLETS Estmated Costs Duration O Surgery: Endosc Physiotherapy: If yes please d? Length of Stay Indicate Proteins and information mentoned are correct services shown on this form were d. Recessary for the management of the purpose of determination o	Treatment GP Consultation Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify initial, up to 1 hour PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOI INFUSION Therapeutic, prophylactic, or diagnostic injection (specify substance subcutaneous or intramuscular CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION INFUSION C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC are automated differential WBC count Generic (IBUPROFEN: 400 MG) FILM COATED TABLETS Estmated Costs Duration (IBUPROFEN: 400 MG) FILM COATED TABLETS Estmated Costs O Laboratory O Other Procection of Stay Indicate Provide to release any informaton region to repair any Health to release any informaton region to reprose of determining responsibility of doctor and the lame: AHSAN HUSSAIN	Treatment GP Consultation Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Generic [IBUPROFEN: 400 MG) FILM COATED TABLETS Duration Instructions (IBUPROFEN: 400 MG) FILM COATED TABLETS Duration Instructions Take 1Tablets 2 Tim meal Surgery: Physiotherapy: Other Procedures: If yes please specify Indicate Provider I hereby authorize any Healthcare Provider, Insure to release any informaton regarding my medical conformation of the purpose of determining insurance benefits. In responsibility of doctor and the patent.	GP Consultation General Consultation Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy C-reactive protein; Lab Lab Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Generic Duration Instructions (IBUPROFEN: 400 MG) FILM COATED TABLETS Duration Instructions (IBUPROFEN: 400 MG) FILM COATED Take Tablets 2 Time(s) per Day For 7 Day meal Estmated Costs Lab Lab Lab Lab Lab Instructions (IBUPROFEN: 400 MG) FILM COATED Take Tablets 2 Time(s) per Day For 7 Day meal Other Procedures: If yes please specify			

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.

Date: 15-Dec-2024

Note: Claims must be submited along with supporting documents within 30 days from date of service

Patient's Signature(Parent if minor)

Dr. Ahsan Hussain General Practitioner Dha no: 87543658-001 Citicare Medical Cénter LLC Dubai - U.A.E.