

eASOAP FORM



ADMINISTRATIVE

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

Patent Name:	FATMA ISMAEL HUSSAIN MOOSA ALI	Gender:	Female	Validity Between:	01/01/2024 and 31/12/2026
Card No:	8028-69E7-6321-B87D	DOB:	1/24/2018 12:00:00 AM	Coverage Information for:	Out Patient
Pin #:		Identity Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
National ID:	784-2018-0909616-3	Service Date:	21-Dec-2024	Radiology:	Covered
		Patent's Tel No:	971563093585		
Policy Holder:		Threshold Limit:			
Payer Name:	DUBAI GOVERNMENT - PROGRAM 1 (ENAYA)	Class:	Normal		
		Out-Patient :			
Category:	Category B	Patent's File No:	42277	Pharmacy:	Co-Part: 20 %
Gatekeeper:	No	Consultation :		Laboratory:	Covered
Referral No:					
Referred Service:					

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):						Date of Symptoms/illness started		
Complaint co productive cough running nose pain in throat 19th dec. 2024 oe chest is congested no added sounds restless						DD	MM	YYYY
Past Medical Surgical History?						Date of Symptoms/illness started		
						DD	MM	YYYY
Obs/Gyn Claims						Date of Symptoms/illness started		
						DD	MM	YYYY
☐ Para	☐ Gravida:	☐ AB:	LMP:	Marital Status:	Marital Date:			
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:								

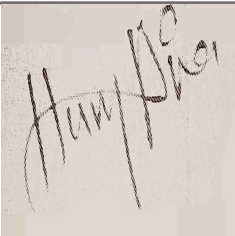
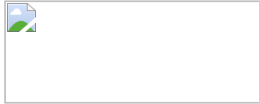
OBJECTIVE / ASSESSMENT (To be completed by Physician)

Clinical Findings :				Vital Signs : B/P : 00		T : 36		HR : 88	
				RR : 20					
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected									
INDICATE DIAGNOSIS NOT SYMPTOM									
Type	Code	Diagnosis							
Primary	J06.9	Acute upper respiratory infection, unspecified							
Secondary	J30.9	Allergic rhinitis, unspecified							
Secondary	R50.9	Fever, unspecified							
Secondary	R05	Cough							

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
94640	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	15.0000
0188-135906-2441	PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	Pharmacy	10.4800
Code	Generic	Duration	Instructions
0139-116208-2151	(CLAVULANIC ACID : 62.5 MG/5ML) (AMOXICILLIN : 250 MG/5ML) POWDER FOR SYRUP	1	take 5 ml once in a day
4509-559803-1161	(THYMUS VULGARIS EXTRACT : 5G /100G) SYRUP	1	take 2.5 ml 3 times in a day
0005-106604-1162	(PARACETAMOL : 120 MG/5ML) SYRUP	1	take 5ml as per need
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	1	take 3ml at night for 5 nights
☐ 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		Indicate Provider		Estimate Cost	
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 benefits. Medical management is the sole responsibility of doctor and the patent.			
Treating Physician Name : Humaira					
Tel / Fax (important):					
 Signature & Stamp		 Patient's Signature(Parent if minor)			
					
Date :		Date : 21-Dec-2024			
Note: Claims must be submitted along with supporting documents within 30 days from date of service					

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