Patent Name:

Card No:

Pin #:

for:

Network:

Validity Between:

Coverage Informaton

## **eASOAP FORM**

Yossef Ihmid Alali Alhwij Gender:

DOB:

Identty Card:

72DF-00AD-4658-ED58



01/01/2024 and 31/12/2026

RN UAE (Al Ansari-AUH)-

**Out Patient** 

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

5/14/1990 12:00:00

Male

Natonal ID:			enπy Carα:			Network:		MEDGU	ILF		
	784-1990-7492543-	<b>1</b> Se	ervice Date:	30-Dec-20	24	Radiology:		Covered	k		
		Pa	itent's Tel No	: <b>052976291</b>							
Policy Holder:			nreshold mit:								
Payer Name:	DUBAI GOVERNME PROGRAM 1 (ENA	(1)	ass:	Normal							
		Oı	ut-Patent :								
Category:	Category B	Pa No	ntent's File o:	43992		Pharmacy:		Co-Part	: 20%		
Gatekeeper:	No	Co	onsultaton :			Laboratory:		Covered	d d		
Referral No: Referred Service:											
SUBJECTIVE ASSI											
Symptom(s) as o	described by the pat	ent (Chief	Complaint):					Date of Symptoms/illness started			
Complaint								DD	MM	YYYY	
PC: pain in thro	oat, generalized bod <sup>,</sup>	y weaknes:	s, and flu syp	otoms.							
Duration: 2 day	ys										
not hypertensi	ive and not diabetic.										
Doet Madical Co.	unical History							Date of S	Symptoms/i	llness started	
Past Medical Sur	rgical History?			) Yes		○ No	Ī	DD	MM	YYYY	
									1		
								Date of 9	Symptoms/i	liness started	
Obs/Gyn Claims							F		Symptoms/i	Ilness started	
	Gravida:	□ АВ:	LMP: N	1arital Status	:	Marital Date:	F		T	1	
Obs/Gyn Claims					:	Marital Date:	F		T	1	
Obs/Gyn Claims Para What date did the	Gravida: Patient first feel same	e / similar S	Symptom(s):	dd mm yyyy					T	1	
Obs/Gyn Claims Para What date did the Is the Patient und	e Patient first feel sam	e / similar S ent? O Ye	Symptom(s):	dd mm yyyy					T	1	
Obs/Gyn Claims Para What date did the Is the Patient und	Patient first feel same ler any type of Treatm SESSMENT(To be co	e / similar S ent? O Ye	Symptom(s):	dd mm yyyy Yes, indicate		ssment and since		DD	T	YYYY	
Obs/Gyn Claims Para What date did the Is the Patient und OBJECTIVE / AS Clinical Findings	e Patient first feel same ler any type of Treatm SESSMENT(To be co	e / similar S ent?  Ye mpleted by	Symptom(s): s	dd mm yyyy Yes, indicate	what Asses /ital Signs : 18	ssment and since	when:	DD	ММ	YYYY	
Obs/Gyn Claims Para What date did the Is the Patient und OBJECTIVE / AS Clinical Findings	e Patient first feel same ler any type of Treatm SESSMENT(To be co s :	e / similar S ent? Ye mpleted by te OT SYMPT	Symptom(s): s	dd mm yyyy Tyes, indicate V	what Asses /ital Signs : 18	ssment and since	when:	DD	ММ	YYYY	
Obs/Gyn Claims Para What date did the Is the Patient und OBJECTIVE / AS Clinical Findings Assessment/Dia	Patient first feel same ler any type of Treatm SESSMENT(To be coss:  gnosis: Acut CATE DIAGNOSIS No	e / similar S ent? Ye empleted by te OT SYMPT	Symptom(s):  S	dd mm yyyy Tyes, indicate V	e what Asses /ital Signs : 18 1 O Susp	B/P: 116	when:	DD	ММ	YYYY	
Obs/Gyn Claims Para What date did the Is the Patient und OBJECTIVE / AS Clinical Findings Assessment/Dia INDIG	Patient first feel same ler any type of Treatm SESSMENT(To be co s:  gnosis: CATE DIAGNOSIS No	e / similar S ent?	Symptom(s):  S	dd mm yyyy yes, indicate \(\begin{align*} \cdot \\ \\ \\ \end{align*} \) Confirmed respiratory in	e what Asses /ital Signs : 18 1 O Susp	B/P: 116	when:	DD	ММ	YYYY	
Obs/Gyn Claims Para What date did the Is the Patient und OBJECTIVE / AS Clinical Findings Assessment/Dia INDIG Type Primary	Patient first feel sameler any type of Treatm  SESSMENT(To be coss:  General Acute Code  J06.9	e / similar S eent?  Ye empleted by te OT SYMPT A	Symptom(s): s	dd mm yyyy  yes, indicate  Confirmed  espiratory in	e what Asses /ital Signs : 18 1 O Susp	B/P: 116	when:	DD	ММ	YYYY	
Obs/Gyn Claims Para What date did the Is the Patient und OBJECTIVE / AS Clinical Findings Assessment/Dia INDIC Type Primary Secondary Secondary	e Patient first feel same ler any type of Treatm  SESSMENT(To be co s:  gnosis: Acur CATE DIAGNOSIS No Lode J06.9 R07.0	e / similar S eent?  Ye empleted by te OT SYMPT   A P	Chronic OM Diagnosis cute upper rain in throat ever, unspec	dd mm yyyy  yes, indicate  Confirmed  espiratory in	e what Asses  /ital Signs : 18  Susp  fection, uns	B/P: 116  ected  pecified	when:	5.9	HR : 62	YYYY	
Obs/Gyn Claims Para What date did the Is the Patient und OBJECTIVE / AS Clinical Findings Assessment/Dia INDIC Type Primary Secondary Secondary	Patient first feel same ler any type of Treatm SESSMENT(To be co s:  GROSS:  CATE DIAGNOSIS NO Code J06.9 R07.0 R50.9  UPATIONAL Claim In	e / similar S ent?  Ye empleted by  te  OT SYMPT  A P formaton (	Chronic OM Diagnosis cute upper rain in throat ever, unspec	dd mm yyyy  Fyes, indicate  Confirmed  Confirmed  Claim is a reserved	what Asses  /ital Signs : 18  Susp  fection, uns	B/P: 116  ected  pecified	when:	5.9	HR: 62	RR	
Obs/Gyn Claims Para What date did the Is the Patient und OBJECTIVE / AS Clinical Findings Assessment/Dia INDIC Type Primary Secondary Secondary ACCIDENT/OCCU	Patient first feel same ler any type of Treatm SESSMENT(To be co s:  GROSS:  CATE DIAGNOSIS NO Code J06.9 R07.0 R50.9  UPATIONAL Claim In	e / similar S ent?  Ye empleted by  te  OT SYMPT  A P formaton (	Chronic (OM viagnosis cute upper rain in throat ever, unspec (complete if Injury due to	dd mm yyyy yes, indicate yes, indicate Confirmed espiratory in ified claim is a res	what Asses  /ital Signs : 18  Susp  fection, uns	ected  pecified  ent or work relat	when:	5.9	HR: 62	RR	

MEDICAL PLAN It	emized Original Inv	voices and Applicable	Prescriptions ,	/ Reports / R	esults must	be enclosed	to consider claim		
CPT Code	Treatment	Туре	Price						
9	GP Consultation					General Consultation	25.0000		
96374	Therapeutic, propush, single or i	Co.Pay	10.0000						
86140	C-reactive prote	Lab	15.0000						
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count						Lab	20.0000	
0125-122107- 1022	DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION						Pharmacy	2.3400	
0005-149902- 1021	CLOFEN					Pharmacy	6.5000		
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular						Co.Pay	10.0000	
Code	Generic				Duration	Instruction	ıs		
0005-119805- 1172		(PREDNISOLONE : 5 MG TABLETS					Take 2Tablets 1 Time(s) per Day For 7 Day(s)		
1516-107902- 1171	(IBUPROFEN :	(IBUPROFEN : 400 MG TABLETS				Take 1Tablets 2 Time(s) per Day For 4 Day(s) after meal			
0005-116702- 2481	(DIPHENHYDRA	7	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal						
0252-389902- 1171	(LORATADINE : 5 MG) (PSEUDOEPHEDRINE SULPHATE : 120 MG) TABLETS				7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others			
O Pharmacy:		Claboratory / Radiology:			Estmated Costs	stmated Costs			
		O Surgery:		O Endosco	opv:				
s the following required		O Physiotherapy:	Other Procedures:						
	,				If yes please specify				
s In-natient Requir	ed ? Length of Stay	W		Indicate Pro	vider		Fet	timate Cost	
& that the medica medically indicate this case.	al services shown o	the management of	to release an	y informator se of detern	n regarding nining insurc	my medical a ance benefts.	er, Employer or other conditon and history . Medical manageme	to NEXtCARE	
Tel / Fax (importan	t):								
Signatura & Stampa	al al	9 9. !							
Signature & Stamp  Dr. Enomen Goodluck  General Practitioner	Ekata								
DHA NO: 28040827-0 Citicare medical cent Dubai - U.A.E.			Patient's Sign	aturo/Parant	if minor				
Date :			Date : 30-Dec						
		201	<u> </u>	20 days fro	1				

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