

eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the **CITICARE MEDICAL CENTER LLC**

Patent Name:	ISLAM ZAREEN GUL ZAREEN	Gender:	Male	Validity Between:	03/03/2024 and 02/03/2025
Card No:	EDD5-7159-6B36-47FE	DOB:	12/3/1971 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-1971-1063035-3	Service Date:	11-Jan-2025	Radiology:	Covered
		Patent's Tel No:	971526655855		
Policy Holder:		Threshold Limit:			
Payer Name:	RAS AL KHAIMAH NATIONAL INSURANCE COMPANY	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	36343	Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Consultaton :		Laboratory:	Covered
Referral No:					
Referred Service:					

SUBJECTIVE ASSESSMENT

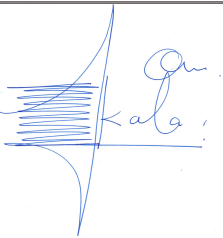
Symptom(s) as described by the patent (Chief Complaint):					Date of Symptoms/illness started		
Complaint					DD	MM	YYYY
PC: Cough, chest pain and difficulty with breathing.							
Duration: 7 days (2/01/2025).							
Known asthmatic and diabetic.							
Also complaint of low back pain for which he uses NSAID.							
Has history of gastritis probably due to NSAID use.							
Past Medical Surgical History?					Date of Symptoms/illness started		
☐ Yes ☐ No					DD	MM	YYYY
Obs/Gyn Claims					Date of Symptoms/illness started		
☐ Para ☐ Gravida: ☐ AB: LMP: Marital Status: Marital Date:					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 : 145 T : 36 HR : 79 RR : 18		
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected					
INDICATE DIAGNOSIS NOT SYMPTOM					
Type	Code	Diagnosis			
Primary	B49	Unspecified mycosis			
Secondary	I10	Essential (primary) hypertension			
Secondary	L03.211	Cellulitis of 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	GP Consultation	General Consultation	25.0000	
Code	Generic	Duration	Instructions	
0031-131901-0151	(BETAMETHASONE : 0.05%) (MICONAZOLE : 2%) CREAM	14	Take 1Cream 2 Time(s) per Day For 14 Day(s) after meal	
0281-128401-0651	(FUSIDIC ACID : 2% OINTMENT	14	Take 1Lotion 2Time(s) perDay For 14 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		Indicate Provider		Estimate Cost
<i>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>		<i>I hereby authorize any Healthcare Provider, Insurer, Employer or other Organizaton to release any informaton regarding my medical condition and history to NEXtCARE for the purpose of determining insurance benefsts. Medical management is the sole responsibility of doctor and the patent.</i>		
Treating Physician Name : Enomen Goodluck				
Tel / Fax (important):				
 Signature & Stamp 		 Patient's Signature(Parent if minor)		
Date :		Date : 11-Jan-2025		
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 effects 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.