Validity Between:

eASOAP FORM

MUHAMMAD SAQUIB

MUHAMMAD SIDDIQ



06/06/2024 and 05/06/2025

ADMINISTRATIVE

Patent Name:

The member is allowed for **Out Patient**

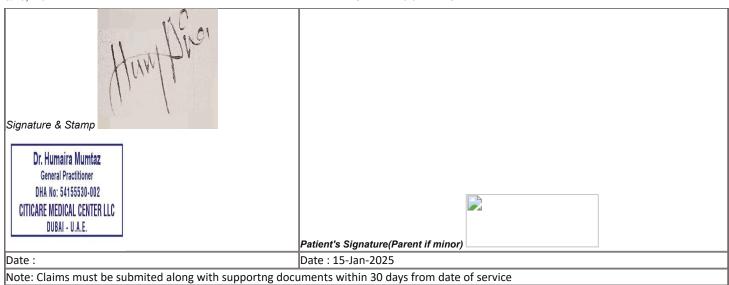
Male

Gender:

at the CITICARE MEDICAL CENTER LLC

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Natonal ID: Policy Holder:			Gervice Date: Patent's Tel N Threshold Limit:	15-Jan-2025 o: 0529821723	Radiology:	Covere	d			
Payer Name:	Islamic Arab Inst Co. (P.S.C.	Class		Normal						
Category:	Category B	F	Out-Patent : Patent's File No:	45064	Pharmacy:	Co-Part	t: 20%			
Gatekeeper:	No	(Consultaton :		Laboratory:	Covere	d			
Referral No: Referred Service:										
SUBJECTIVE AS	SESSMENT									
Symptom(s) as	described by the p	atent (Chie	f Complaint):				10	/illness started		
Complaint						DD	MM	YYYY		
No Complaint	s Found for Selected	l Appointme	ent							
Past Medical S	urgical History?			○ Yes	○ No		V	/illness started		
- dat ivicultura	Past Medical Surgical History?				U NO	DD	MM	YYYY		
						Date of	Symptoms	/illness started		
Obs/Gyn Claim	IS					DD	MM	YYYY		
Para Gravida: AB:		□ АВ:	LMP:	Marital Status:	Marital Date:		1			
	ne Patient first feel sa									
Is the Patient ur	nder any type of Trea	tment? O	es O No	if yes, indicate what A	ssessment and since who	en:				
OBJECTIVE / A	SSESSMENT(To be	completed b	y Physician)							
Clinical Findin	gs :			Vital Sign :	s: B/P:	Γ:	HR:	RR		
Assessment/D	iagnosis : O Ao DICATE DIAGNOSIS		Chronic TOM	○ Confirmed ○ S	uspected					
Туре	Code		Diagnosis							
Primary	J06.9		Acute uppe	er respiratory infection	n, unspecified					
Secondary	R05		Cough							
Secondary	100		Acute naso	cute nasopharyngitis [common cold]						
Secondary	J30.9		Allergic rhinitis, unspecified							
Secondary	R06.2		Wheezing							
Secondary	K29 00)	Acute gastr	itis without bleeding						

Accident or illness due to work? accident? Describe how the accident or work related injury/illness occur: Accident? Accident? Describe how the accident or work related injury/illness occur: Accident? 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	Accident or illn			Ini	jury due t	claim is a res						
ACEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Results must be enclosed to consultation Type Price		ess dı	ue to work?	1 '	•	o road	Describe hov	w the accide	nt or work	relate	d injury/illness oc	ccur:
### Applicate Plan Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim Price					Yes O	No						
Type Price												
9.01 9.01 - (9.01) - Follow-up consultation - (AED 0.0000) General Consultation 0.0000 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular CO.Pay 10.000 1005- 149902- CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy 6.5000 1021 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour 0195- 107704- CEFTRIAXONE-TABUK IV 0801 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) 0188- 135906- PULIMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy 10.480 Code Generic Duration Instructions 0219-533802- (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) ENTERIC 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 1 Tablets 1 Time(s) per Day For 7 Day(others 0139-116206- (CLAVULANIC ACID : 125	/IEDICAL PLAN	Item	ized Original In	voices and App	plicable P	rescriptions /	Reports / Re	sults must b	e enclosed	to cor	nsider claim	
9.01 9.01 - (9.01) - follow-up consultation - (AED 0.0000) Gonsultation 0.0000 196372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	CPT Code	Trea	tment								Туре	Price
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149902- 1021 CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy 6.5000 1095- 107704-	96372								or	Co.Pay	10.0000	
up to 1 hour CEFTRIAXONE-TABUK IV Pharmacy Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhalator or intermittent positive pressure breathing [IPPB] device) Co.Pay 15.000 188- 135906- 2441 PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy 10.480 Code Generic (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) ENTERIC O219-533802- (COATED TABLETS O139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) Take 1Tablets 1 Time(s) per Day For 7 Day(others O149-1171 Pharmacy: Estmated Costs Laboratory / Radiology: Estmated Costs Surgery: Other Procedures: If yes please specify Indicate Provider Estimate Cost I hereby certify that all informaton mentoned are correct to the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name : Humaira Was 500 Pharmacy 48.500 Pharmacy As 500 Pharmacy 15.000 Co.Pay 15.000 Take 1Tablets 1 Time(s) per Day For 7 Day(others Take 1Tablets 1 Time(s) per Day For 7 Day(others Take 1Tablets 1 Time(s) per Day For 7 Day(others Take 1Tablets 1 Time(s) per Day For 7 Day(others Take 1Tablets 1 Time(s) per Day For 7 Day(others Take 1Tablets 1 Time(s) per Day For 7 Day(others Estmated Costs Laboratory / Radiology: Estmated Costs I hereby authorize any Healthcare Provider, Insurer, Employer or other Organizator for the purpose of determining insurance benefts. Medical management is the solution of the purpose of determining insurance benefts. Medical management is the solution of the purpose of determining insurance benefts. Medical management is the solution of the purpose of determining insurance benefts. Medical management is the solution of the purpose of determining insurance benefts. Medical management is the solution of the purpose of determining insurance benefts.	149902-	CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION								Pharmacy	6.5000	
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) O188- 135906- 24411 Code Generic Duration Instructions O219-533802- (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) ENTERIC COATED TABLETS O139-116206- (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 11711 Estimated Costs Step Pharmacy: Estmated Costs O149-11712 Surgery: Step Physiotherapy: Other Procedures: If ye splease specify If yes please specify Indicate Provider Estimate Cost Indicate Provider Estimate Cost Indicate Provider Estimate Cost Indicated Provider Estimate Cost to release any information regarding my medical condition and history to NEXtCAR for the purpose of determining insurance benefits. Medical management is the soling frequency. Treating Physician Name : Humaira A that the medical services shown on this form were regarding physician Name : Humaira A that the medical services shown on this form were regarding physician Name : Humaira A that the medical services shown on this form were regarding physician Name : Humaira A that the medical services shown on this form were regarding physician Name : Humaira A that the medical services shown on this form were regarding physician Name : Humaira A that calcally indicated & necessary for the management of prespose of determining insurance benefits. Medical management is the soling the purpose of determining insurance benefits. Medical management is the soling the purpose of determining insurance benefits. Medical management is the soling the purpose of determining insurance benefits. Medical management is the soling the purpose of determining insurance benefits. Medical management is the soling the purpose of determining insurance benefits. Medical management is the soling the purpose of determining insurance benefits. Medical management is the soling the purpose of determining insurance ben	96365			n, for therapy,	, prophyla	ixis, or diagno	osis (specify s	ubstance or	drug); initi	al,	Co.Pay	40.0000
15.000 1	107704-	CEFT	TRIAXONE-TABL	JK IV							Pharmacy	48.5000
Code Generic Duration Instructions Code Generic Duration Duration Instructions	94640	induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose Co.Pay 15.000										15.0000
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Surgery: Physiotherapy: If yes please specify Indicate Provider Indicate Provider, Insurer, Employer or other Organizator Indicate Provider Indicate Provider Indicate Provider Indicate Provider Indicate Provider Indicate Provider Insurer, Employer or other Organizator In the purpose of determining insurance benefits. Medical management is the sold responsibility of doctor and the patent. In the purpose of determining insurance benefits. Medical management is the sold responsibility of doctor and the patent.		•	ACID : 125 MG	CID: 125 MG) (AMOXICILLIN: 875 MG)			7		ablets 1 Time(s) per Day For 7 Day(s)			
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