eASOAP FORM



The member is allowed for **Out Patient**

at the CITICARE MEDICAL CENTER LLC

Card No: 6054-EE39-B748-7B2C DOB: 4/1/1990 12:00:00 Coverage Informaton for: Network: RN UAE (AI Ansari-AUH)-MEDGULF Natonal ID: 784-1990-3802494-1 Service Date: 17-Jan-2025 Radiology: Covered Patent's Tel No: 0501247753 Threshold Limit: Payer Name: ORIENT INSURANCE P.J.S.C Class: Normal Out-Patent: Patent's File No: Out-Patent: No: Attended to the patent's File No: Attended to the patent to the pa											
Discription	Patent Name:		Male	Validity Between:			16/11/2024 and 15/11/2025				
National ID: 784-1990-3802494-1 Service Date: 17-Jan-2025 Radiology: Covered Patent's Tel No: 0501247753 Threshold Limit: Class: Normal Out-Patent: File A5562 Pharmacy: Co-Part: 20% Gatekeeper: No Consultation: Laboratory: Covered Referral No: Referral No: Referral No: Referred Service: SUBJECTIVE ASSESSMENT Symptom(g) as described by the patent (Chief Complaint): Date of Symptoms/illness started DO D MM YYYY Post Presentia OF PHARYNX CHEST CONGESTED What date did the Patient first feel same / similar Symptom(e): dd mm yyyy What date did the Patient first feel same / similar Symptom(e): dd mm yyyy What date did the Patient first feel same / similar Symptom(e): dd mm yyyy What date did the Patient first feel same / similar Symptom(e): dd mm yyyy What date did the Patient first feel same / similar Symptom(e): dd mm yyyy What date did the Patient first feel same / similar Symptom(e): dd mm yyyy What date did the Patient first feel same / similar Symptom(e): dd mm yyyy Step Post Medical Surgical File Symptoms (confirmed) What date did the Patient first feel same / similar Symptom(e): dd mm yyyy Step Post Medical Symptoms (confirmed) Passessment/Diagnosis: Acute Chronic Confirmed Suspected	Card No:	6054_FF39_B748_7B2C DOR					•	out Pa	Out Patient		
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Policy Holder: Threshold Limit: Threshold Limit: Class: Normal Out-Patent: PJ.S.C Class: Normal Out-Patent: Patent's File No: Category B No: Consultation: Laboratory: Covered Referral No: Referred Service: Subjective Assessment Maintain Started Down MM PYYY Policy Cough which is Dry Asociated with Chest Pain , Breathing Problem (Difficult Breathing) AND Fever 2 Days NO OTHE MED CONDITIONS NO DRUG ALLERGY O/E HYPEREMIA OF PHARYNX CHEST CONGESTED Obs/Gyn Claims Pate of Symptoms/illness started Down MM PYYY Assessment/Diagnosis: Acute Chronic Confirmed Suspected	Natonal ID:	I ID: 784-1990-3802494-1 Service Date: 17-Jan-2025					diology:	Cover			
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Туре	Code	Diagnosis
Primary	J02.9	Acute pharyngitis, unspecified
Secondary	J45.991	Cough variant asthma
Secondary	R50.9	Fever, unspecified

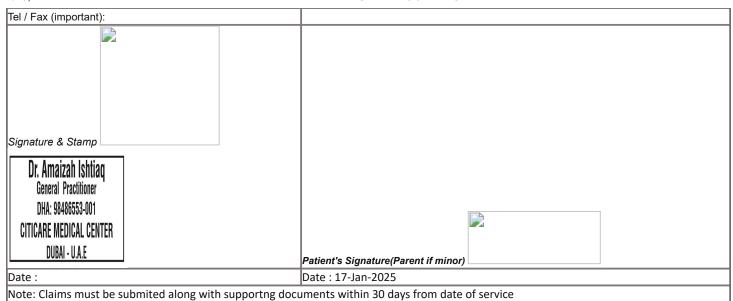
Secondary R50.9 Fever, unspecified										
ACCIDENT/OCC	CUPATIONAL Claim I	nformaton	(complete if	claim is a re	sult of accident or	work relate	d illness/in	jury)		
Accident or illn	ess due to work?		Injury due to road accident?		Describe how the a	accident or	ted injury/illness occur:			
○ Yes ○ No			○Yes ○No							
	nt or beginning of illi									
MEDICAL PLAN	Itemized Original In	voices and	Applicable Pro	escriptions /	Reports / Results r	must be enc	losed to co	nsider claim	1	
CPT Code	Treatment							Туре	Price	
9	GP Consultation							General Consultation	25.0000	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour							Co.Pay	40.0000	
2190- 106618- 1001	PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION						Pharmacy	8.4000		
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug						Co.Pay	10.0000		
0195- 107704- 0801	CEFTRIAXONE-TABUK IV						Pharmacy	48.5000		
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	
86141	C-reactive protein; high sensitivity (hsCRP)							Lab	30.0000	
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)							Lab	15.0000	
Code Generic Duration				Instructions						
0006-104201 1161		: 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) IRINE : 6 MG/ML) SYRUP				10		Take 1Tablets 3 Time(s) per Day For LO Day(s) others		
0005-107001- 0051 (CAFFEINE : 65 MG)			IG) (PARACETAMOL : 500 MG) CAPLETS			5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others			
0397-116207- (AMOXICILLIN : 500 MG 0391 TABLETS			G (CLAVULANIC ACID : 125 MG FILM COATED			1	Take 1Tablets 2Time(s) perDay For 1 Day(s) after meal			
0195-123701- 0391 (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS				TABLETS		7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening			
O Pharmacy:		Estmated	Costs Caboratory / R		adiology: Estm		nated Costs			
		O Surgery:		○ Endoscopy:						
Is the following	required		Physiotherapy:		Other Procedures:					
		3 1 11/3/3	If yes please speci							
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& that the med	that an injormaton lical services shown (ated & necessary for	on this form	were to	o release an	y informaton regar se of determining i	ding my med	dical condit	on and history to	NEXtCARE	

responsibility of doctor and the patent.

https://irhamc.visionsoftwares.ae/mr_nextcare_print.aspx?appId=57102

Treating Physician Name : **DR Amaizah**

this case.



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