eASOAP FORM



ADMINISTRATIVE The member is allowed for **Out Patient** at the CITICARE MEDICAL CENTER LLC Patent Name: **HUSNA MURAD SHARIF** Gender: Validity Between: 15/10/2024 and 04/07/2025 Female Coverage Information 1/6/2000 12:00:00 Card No: 146F-AFFE-6BDF-8CDD DOB: **Out Patient** AM for: RN UAE (Al Ansari-AUH)-Pin #: Identty Card: Network: **MEDGULF** Natonal ID: 784-2000-3190365-9 Service Date: 23-Jan-2025 Radiology: Covered Patent's Tel No: 0585709105 Threshold Policy Holder: Limit: MetLife Class: Payer Name: Normal Out-Patent: Patent's File 45559 Category: **Category B** Pharmacy: **Co-Part: 20%** No: Gatekeeper: Consultation: 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			
co pain in abdomen 19th jan. 2025												
oe chest is clear no added sounds												
restless									ļ			
Past Medical Surgical History?				Oyes		O No		Date of Symptoms/illness			rted	
L	- Jungicul History.			10 163		0 110		DD	MM	YYYY		
									Date of Symptoms/illness started			
Obs/Gyn Clai	Obs/Gyn Claims							DD	MM	YYYY		
Para	☐ Gravida:	□ АВ:	LMP:	Marital Status:		Marital Date:						
What date did	I the Patient first feel :	same / similar s	Symptom(s)) : dd mm yyy	/V						—	
ls the Patient	under any type of Tre	atment? O Ye	s O No	if yes, indica	ite what Asses	ssment and since	when:					
OBJECTIVE /	ASSESSMENT(To b	e completed by	Physician)									
Clinical Findings :			Vital Signs : B/P : 116 T : : : 18			T : 3	36 HR : 86		RR			
Assessment II	/Diagnosis : O		Chronic OM	O Confirm	ed OSusp	ected						
Туре		Code		Diagnosis								
Primary K29.00		Acute gastritis without bleeding										
Secondary R10.13		Epigastric pain										

Accident or beginning of illness: Accident or beginning or illness: Accident or	3/25, 9:12 PIVI			C	linicSoπ 8.0 - NextCare Forr	n				
MEDICAL PLAN Termized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claims of CPT Code Treatment Todament	Maccident or illness due to work?			to road	Describe how the accident or work related injury/illness occur:					
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim CPT Code Treatment Specific Treatment Specific Sp	○ Yes ○ No ○ Yes ○			No						
Price Price Price Price Price Price Price Price Process	Date of accident	Date of accident or beginning of illness:]					
9.0.1 Follow-up consultation	MEDICAL PLAN I	temized Original In	voices and Applicable	Prescriptions	/ Reports / Results must b	e enclosed	to cons	ider claim		
9.9.1 Follow-up consultation U0000 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous co. Pay 10.0000 96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous public, single or initial substance/drug 10005-136504 9005-136504 SCOPINAL Pharmacy 4.6000 9005-136504 SCOPINAL Pharmacy 4.6000 9781 PANTONIX 40MG LV. Pharmacy 29.5000 85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool Code Generic Duration Instructions 9005-136501-03931 (HYOSCINE: 10 MG FILM COATED TABLETS 3 Take 1Tablets 2 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGISINIC 7 Take 1Tablets 2 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGISINIC 7 Take 1Tablets 2 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGISINIC 7 Take 1Tablets 2 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGISINIC 7 Take 1Tablets 3 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGISINIC 7 Take 1Tablets 3 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGISINIC 7 Take 1Tablets 4 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGISINIC 7 Take 1Tablets 5 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGISINIC 7 Take 1Tablets 5 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGISINIC 7 Tablets 5 Time(s) per Day For 7 Day(s) others 90270- [ALUMINIUM HYDROXIDE: N/A) (ALUMINIUM HYDROXIDE: N/A) (ALUMINIUM HYDROXIDE: N/A) (ALUMI	CPT Code	Treatment					T	уре	Price	
96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drugl); intravenous co. Pay 10.0000 10005-136504-1021 SCOPINAL Pharmacy 4.6000 10005-136504-1021 SCOPINAL Pharmacy 4.6000 10005-242802- PANTONIX 40MG I.V. Pharmacy 29.5000 1081 86140 C-reactive protein; Lab 15.0000 1801-1801-1801-1801-1801-1801-1801-	9.01	Follow-up consul	tation						0.0000	
push, single or initial substance/drug 0005-136504- 10211 20078-136504- 10212 PANTONIX 40MG I.V. Pharmacy 4,6000 85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and utomated differential WBC count 87338 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool Code Generic Code Generic CODESTRICT CODESTRI	96372			ic injection (sp	injection (specify substance or drug); subcutaneous				10.0000	
DOUGH Pharmacy	96374			ic injection (sp	ecify substance or drug); i	ntravenous	c	o.Pay	10.0000	
### 15.0000 ### 15.00000 ### 15.00000 ### 15.00000 ### 15.00000 ### 15.000000 ### 15.000000000000000000000000000000000000	ll .	SCOPINAL					Р	harmacy	4.6000	
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool Code Generic Duration Instructions CODE: (HYOSCINE: 10 MG FILM COATED TABLETS 3 Fake 1Tablets 2 Time(s) per Day Fax 7 Day(s) others O270- (ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (HMGONESIUM TRISILICATE: N/A) CHEWABLE TABLETS 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (HMGONESIUM TRISILICATE: N/A) CHEWABLE TABLETS 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (HMGONESIUM TRISILICATE: N/A) CHEWABLE TABLETS 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (BAUMINIUM HYDROXIDE: N/A) (MAGNICIM TRISILICATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day Fax 7 Day(s) others O270- (B	II .	PANTONIX 40MG	6 I.V.				Р	29.5000		
automated differential WBC count 187338 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool 187338 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool 187338 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool 187338 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool 187338 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative or semiquantitative, multiple-step technique, qualitative or semiquantitative or semiquantitative or semiquantitative, multiple-step technique, qualitative or semiquantitative or semiquantitative, multiple-step technique, qualitative or semiquantitative or semiquantitative, multiple-step technique, qualitative or semique or semigrative, soon of semiquantitative, multiple-step technique, qualitative or semique or semique or page to p	86140	C-reactive protei	n;				La	ab	15.0000	
Semiquantitative, multiple-step method; Helicobacter pylori, stool Code Generic Duration Instructions O005- 136501-0391 (HYOSCINE: 10 MG FILM COATED TABLETS 3 Take 1Tablets 2 Time(s) per Day For 3 Day(s) others O270- (ALUMINIUM HYDROXIDE: N/A) (SODIUM BICARBONATE: N/A) (ALGINIC 7 Take 1Tablets 3 Time(s) per Day 189301-0081 ACID: N/A) (MAGNESIUM TRISILICATE: N/A) CHEWABLE TABLETS 7 Take 1Tablets 3 Time(s) per Day For 7 Day(s) others Surgery: Estmated Costs Surgery: Other Procedures: If yes please specify If yes please specify I hereby certfy that all informaton mentoned are correct & the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: Humaira Tel / Fax (Important): D. Humaira Muntaz General Pacificies General Details of Stay Indicated Review of the patent. D. Humaira Muntaz General Pacificies D. Huma	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and						ab	20.0000	
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O005- 136501-0391 CHYOSCINE: 10 MG FILM COATED TABLETS 3 Take 1Tablets 2 Time(s) per Day For 3 Day(s) others	l c. t.	Commis				Dti	1			
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Surgery: Other Procedures: If yes please specify In the procedures any Hodistary to Netical management of the purpose of determining insurance benefits. Medical management is the sole responsibility of doctor and the patent. Dr. Humaira Mumiaz General Practitione District Stamp Osurgery: Other Procedures: If yes please specify Indicate Provider Estimate Cost In the reby authorize any Healthrare Provider, Insurer, Employer or other Organization to release any information regarding my medical condition and history to NEXTCARE for the purpose of determining insurance benefits. Medical management is the sole responsibility of doctor and the patent. Signature & Stamp Dr. Humaira Mumiaz General Practitione District Stamp Dr. Humaira Mumiaz General Practitioner District Control of the patent.	0270-				M BICARBONATE : N/A) (ALGINIC			Take 1Tablets 3 Time(s) per Day		
S In-patient Required ? Length of Stay Indicate Provider Indicate Pr	O Pharmacy:		Estmated Costs		C Laboratory / Radiology: Estr			Estmated Costs		
If yes please specify Is In-patient Required? Length of Stay I hereby certfy that all informaton mentoned are correct Is that the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: Humaira Tel / Fax (important): Dr. Humaira Mumtaz Geneal Practitioner DHA In: \$4155530-002 CITICARE MEDICAL CENTER LLC DUBAL-U.A.E. Indicate Provider Estimate Cost 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 benefts. Medical management is the sole responsibility of doctor and the patent. Signature & Stamp Dr. Humaira Mumtaz Geneal Practitioner DHA In: \$4155530-002 CITICARE MEDICAL CENTER LLC DUBAL-U.A.E.			O Surgery:		○ Endoscopy:					
Indicate Provider Is In-patient Required? Length of Stay Indicate Provider I hereby certfy that all informaton mentoned are correct with the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: Humaira Tel / Fax (important): Signature & Stamp DI. Humaira Mumtaz General Practitioner DHA No. 541555301-002 CITICARE MEDICAL CENTER LLC DUBAN-U.A.E.			O Physiotherapy:		Other Procedures:					
I hereby certfy that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: Humaira Tel / Fax (important): Dr. Humaira Mumtaz General Practitioner DHA No: \$415550-002 CTICARE MEDICAL CENTER LLC DUBAL-U.A.E.					If yes please specify					
I hereby certfy that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: Humaira Tel / Fax (important): Dr. Humaira Mumtaz General Practitioner DHA No: \$415550-002 CTICARE MEDICAL CENTER LLC DUBAL-U.A.E.	le In nationt Pegu	irod 2 Langth of Star	,		Indicate Provider			Estimat	to Cost	
Signature & Stamp Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	I hereby certfy th & that the medic medically indicat this case.	nat all informaton r al services shown c ed & necessary for	nentoned are correct on this form were	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 benefts. Medical management is the sole						
Signature & Stamp Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.										
Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	Haw Ho									
	Dr. Humaira Mum General Practitione DHA No: 54155530- CITICARE MEDICAL CEN	taz er 002		Patient's Sign						

Date : Date : 23-Jan-2025

Note: Claims must be submited 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 efects caused due to the claims submissions. NEXtCare assumes no responsibility for any discrepancies or errors contained in this pre-printed datasheet and final opinion will be given by the NEXtCARE claims doctors.