eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the CITICARE MEDICAL CENTER LLC

Patent Name:	QUEENIE PATALINGHUG JUGALBOT	Gender:	Female	Validity Between:	24/05/20	24 and 23/05	5/2025		
Card No:	B7B2-9C4B-5F35-D53E	DOB:	2/13/1989 12:00:00 AM	Coverage Information for:	Out Patient				
Pin #:		Identty Card:		Network:	RN UAE MEDGU	(Al Ansari-A LF	UH)-		
Natonal ID:	784-1989-7425162-5	Service Date:	07-Feb-2025	Radiology:	Covered	l			
		Patent's Tel No:	0529067823						
Policy Holder:		Threshold Limit:							
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal						
		Out-Patent :							
Category:	Category B	Patent's File No:	43459	Pharmacy:	Co-Part	20%			
Gatekeeper:	No	Consultaton :		Laboratory:	Covered	I			
Referral No:									
Referred									
Service:									
SUBJECTIVE ASSESSMENT									
Symptom(s) as o	described by the patent (Ch	ief Complaint):			Date of S	ymptoms/illi	ness started		
Complaint					DD	MM	YYYY		

Complaint							טט				
co fever on and off dry cough pain in throat 1st feb 2025											
oe chest is congested no added sounds											
restless											
resuless									<u> </u>		
D4 M - 4								Date of Symptoms/illness started			
Past Medical Surgical History?						○ No		DD	ММ	YYYY	
								Date of 9	 Symptoms/il	Iness started	
Obs/Gyn Clai	ms							DD	MM	YYYY	
Para	☐ Gravida:	□ ав:	LMP:	Marital Status:		Marital Date:					
	the Patient first feel		, · ·								
Is the Patient	under any type of Tre	eatment? O	res ○ No	if yes, indicat	e what Asse	ssment and since	when:				
OBJECTIVE /	ASSESSMENT(To L	e completed b	y Physician))							
Clinical Findi	ngs :		Vital Signs : : 18	B/P: 114	.14 T : 36.4 HR : 98						
Assessment/ IN	Diagnosis : O	Acute (S NOT SYMF	Chronic TOM	O Confirme	d OSusp	ected					
Type Code Diagnosis											
Primary	imary J06.9 Acute upper respiratory infection, unspecified										
Secondary J30.9 Allergic rhinitis, unsp					fied						
Secondary	ondary R05 Cough										
Secondary	R50	9	Fever, unspecified								
Secondary	K29.	00	Acute gastritis without bleeding								
ACCIDENT/O	CCUPATIONAL Clair	n Informator	ı (complete	if claim is a re	sult of accid	lent or work rela	ted illne	ss/injury	<i>(</i>)		
Accident or illness due to work? Injury d				e to road	Describe how the accident or work related injury/illness occ				occur:		

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) 10188- 1135906- 12491 86140													
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g. with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (PPR) device) O188- 135906- PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy: Blood count; complete (CBC), automated (Higb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic O005-107001- (CAFFEINE: 65 MG) (PARACETAMOL: 500 MG) CAPLETS O005-116702- (DIPHENIYDRAMINE: 12.5 MG/SML SYRUP (SUGAR 1 Take 11ablets 2 Time(s) per Day For 6 Day(s) others PREE O195-123701- O195-123701- O195-123701- O195-123701- O195-103701- Surgery: Stmated Costs Surgery: Physiotherapy: Other Procedures: If yes please specify In reading insurance benefits. Medical management of the purpose of determining insurance benefits. Medical management is the sole responsibility of doctor and the patent. Dit ilmain limits East insurance (Parent if minor) Dit ilmain limits East ilmain Dit ilmain limits Dit ilmain limits Dit ilmain limits Dit ilmain limits Dit ilmain	○ Yes ○ No			No									
CPT Code Treatment Type Price Price	Date of accider	nt or be	eginning of illn	ness:									
9 GP Consultation General 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 induction for diagnostic purposes (eg. with an aerosol generator, nebulizer, metered dose induction for diagnostic purposes (eg. with an aerosol generator, nebulizer, metered dose induction for diagnostic purposes (eg. with an aerosol generator, nebulizer, metered dose induction for diagnostic purposes (eg. with an aerosol generator, nebulizer, metered dose induction for diagnostic purposes (eg. with an aerosol generator, nebulizer, metered dose induction for diagnostic purposes (eg. with an aerosol generator, nebulizer, metered dose induction for diagnostic purposes (eg. with an aerosol generator, nebulizer, metered dose induction for diagnostic purposes (eg. with an aerosol generator, nebulizer, metered dose induction of purposes (eg. with an aerosol generator, nebulizer, metered dose induction for diagnostic purposes (eg. with an aerosol generator, nebulizer, metered dose induction for diagnostic purposes (eg. with a diagnostic purposes of determining insurance benefits. Medical management is the sole for purpose of determining insurance benefits. Medical management is the sole for purpose of determining insurance benefits. Medical management is the sole for purpose of determining insurance benefits. Medical management is the sole for purpose of determining insurance benefits. Medical management is the sole for purpose of determining insurance benefits. Medical management is the sole for purpose of determining insurance benefits. Medical management is the sole for purpose of determining insurance benefits. Medical management is the sole for purpose of determining insurance benefits. Medical management is the sole for purpose of determining insurance benefits. Medical management is the sole for purpose	MEDICAL PLAN	l Itemiz	zed Original In	voices and Ap	plicable I	Prescriptions ,	/ Reports	s / Results m	nust be enclosed	l to con	sider claim		
Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g. with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device) 0188- 135906- 0188- 135906- 10806- 10806- 10807- 1	CPT Code	Treatment									Туре	Price	
Induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device) 1.0.4800 1.0.	9	GP C	onsultation									25.0000	
33996- PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	94640	94640 induction for diagnostic purposes (eg, with					h an aerosol generator, nebulizer, metered dose					15.0000	
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code	135906-	PULN	⁄IICORT-(BUDE	SONIDE : 0.5	MG/ML)						Pharmacy	10.4800	
Code Generic Duration Instructions	86140	C-rea	ctive protein;								Lab	15.0000	
CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	85025					(Hgb, Hct, RB	C, WBC a	and platelet	count) and		Lab	20.0000	
CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS Take 1Tablets 2 Time(s) per Day For 6 Day(s) others													
0051 (CAFEINE: 65 MG) (PARACE IAMOL: SUD MG) CAFEETS of theres 0005-116702- (CIPHENHYDRAMINE: 12.5 MG/SML SYRUP (SUGAR 1 Take 10ML 3 Time(s) per Day For 7 Day(s) others 0195-123701- (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 1 Time(s) per Day For 5 Day(s) others OPHARMACY: Estmated Costs Claboratory / Radiology: Estmated Costs	Code		Generic					Duration	Instructions				
2481 FREE 1	II .	L-	(CAFFEINE : 0	65 MG) (PARA	ACETAMO	L : 500 MG) C	APLETS	6					
Operation Celinative and the following required Estmated Costs Caboratory / Radiology: Estmated Costs Surgery:	0005-116702- (DIPHENHYDRAMINE : 12.5 MG/5M					1L SYRUP (SU	GAR	1	Take 10ML 3 T	IML 3 Time(s) per Day For 7 Day(s) others			
Surgery: Other Procedures: If yes please specify Sin-patient Required ? Length of Stay Estimate Cost	III.	L-	(CETIRIZINE I	HCL : 10 MG)	FILM COA	ATED TABLETS	\ \ \ \ \				Fime(s) per Day For 5 Day(s)		
Is In-patient Required? Length of Stay Indicate Provider Indicate Pr	O Pharmacy:			Estmated Co	sts		Claboratory / Radiology: Es				Estmated Costs		
Is In-patient Required? Length of Stay Indicate Provider Indicate Pr				O Surgery:		C Endoscopy:							
If yes please specify Is In-patient Required ? Length of Stay Indicate Provider 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): Signature & Stamp Dr. Humaira Mumtaz General Practitioner DBA No. \$455530-002 CITICARE HEDICAL CENTER LLC DUBM-U.A.E. Patient's Signature(Parent if minor) Date: Date: 0.7-Feb-2025	Is the following	g requi	red							1			
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): Signature & Stamp Dt. Humaira Muntaz General Practitioner DHA No: \$4155530-002 CITICARE MEDICAL CENTER LLC CURAL Patient's Signature(Parent if minor) Date: Date: Date: 10.75 p. 16.55 p. 2025						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): Signature & Stamp Dt. Humaira Muntaz General Practitioner DHA No: \$4155530-002 CITICARE MEDICAL CENTER LLC CURAL Patient's Signature(Parent if minor) Date: Date: Date: 10.75 p. 16.55 p. 2025	la la nationt Doc	i) I amouth of Otas	,			Indianta	Dravidar			Fating	ata Caat	
Signature & Stamp Dr. Humaira Mumtaz General Practitioner DHA No. 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E. Patient's Signature(Parent if minor) Date: Date: Date: Date: 07-Feb-2025	I hereby certfy & that the med medically indic this case.	that a dical se ated &	ll informaton r rvices shown c necessary for	mentoned are on this form w	vere	to release an for the purpo	norize an ly inform ose of de	y Healthcard aton regard termining in	ing my medical surance benefts	condito	loyer or other Oi n and history to	rganizaton NEXtCARE	
Signature & Stamp Dr. Humaira Mumtaz General Practitioner DHA No: \$4155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E. Patient's Signature(Parent if minor) Date: Date: O7-Feb-2025			ne : Humaira										
Date : Date : 07-Feb-2025	Signature & Sta Dr. Humaira M General Practit DHA No: 541555 CITICARE MEDICAL O	lumtaz dioner dioner dioner center LLC											
	Data :												
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