eASOAP FORM

HAIDAR ALIISSA

00F1-920B-C8B6-FF19

Patent Name:

Card No:

Pin #:



19/09/2024 and 30/04/2025

RN UAE (Al Ansari-AUH)-

Out Patient

MEDGULF

ADMINISTRATIVE The member is allowed for **Out Patient** at the **CITICARE MEDICAL CENTER LLC**

1/1/1998 12:00:00

Validity Between:

for:

Network:

Coverage Information

Male

Gender:

Identty Card:

DOB:

Natonal ID:			Service Date Patent's Tel Threshold	e: 17-Feb No: 052926		Radiology:		Covered				
Policy Holder:			Limit:									
Payer Name: ORIENT INSURANCE P.J.S.C		RANCE	Class: Normal		I							
			Out-Patent Patent's File									
Category:	Category B		No:	43213		Pharmacy:		Co-Part				
Gatekeeper:	No		Consultator	n:		Laboratory:			Covered			
Referral No: Referred Service:												
SUBJECTIVE AS	SESSMENT											
Symptom(s) as described by the patent (Chief Complaint):									Date of Symptoms/illness started			
Complaint								DD	MM	YYYY		
before.	with addominal				reviously same	e pain before t n	nonths					
				1		1				/ 111		
Past Medical Su	urgical History?			○Yes		○ No	l l	Date of DD	MM	s/illness starte		
				ı		1			IVIIVI	1111		
Obs/Gyn Claims								Date of	Symptom	s/illness starte		
				1 .		T .		DD	MM	YYYY		
Para	☐ Gravida:	☐ AB:	LMP:	Marital Sta	tus:	Marital Date:						
What date did th	e Patient first feel	same / similar	 r Svmptom(s) : dd mm v\	/VV							
	der any type of Tr					ssment and sinc	e when:					
	SSESSMENT(To											
Clinical Finding			, 	<u></u>	Vital Signs :	B/P:	T:		HR:			
Assessment/Di IND	agnosis : O		Chronic PTOM	O Confirm	med OSusp	pected						
Туре	Type Code		C	Diagnosis								
Primary R10.10		L	Upper abdominal pain, unspecified									
Secondary R52 F			Pain, unspecified									
ACCIDENT/OCC	CUPATIONAL Clai	m Informato	n (complete	if claim is a	result of accid	dent or work rel	ated illne	ss/injur	y)			
Accident or illness due to work?			1 ' '	Injury due to road accident?		Describe how the accident or work related injury/illness occur:						
○ Yes ○ No			○ Yes ○	Yes O No								
	nt or beginning o											
MEDICAL PLAN	Itemized Origina	al Invoices and	d Applicable	Prescription	ns / Reports / F	Results must be	enclosed	to consi	der claim			

CPT Code	Treatn	nent						Туре	Price	
9	GP Cor	GP Consultation							25.0000	
86140	C-reac	C-reactive protein;							15.0000	
0046- 149902- 0511	Infla-B	an (Diclofen	Pharmacy	3.1000						
96365		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour							40.0000	
0005- 136504- 1021	SCOPII	SCOPINAL						Pharmacy	4.6000	
96375	seque	peutic, propl ntial intrave ry procedure	Co.Pay	5.0000						
0005- 149902- 1021	CLOFE	CLOFEN						Pharmacy	6.5000	
					1					
Code		Generic		FA D.I. ETC	Duration	Instructions	() 2 5 52 () 1			
0031-149904-1171 (DICLOFENAC SODIU					5		e(s) per Day For 5 Day(s) others e(s) per Day For 5 Day(s) others			
0005-136501	4884-622202-1171 (SERRAPEPTASE : 10 MG) TABLETS				5			er Day For 5 Day(s) others		
	1-0391	(HYOSCINI	E : 10 MG FILM COATEI	D IABLE 13	T _					
O Pharmacy:			Estmated Costs		O Laboratory / Radiology: Estm			ated Costs		
	○ Surgery:				○ Endoscopy:					
Is the following required			O Physiotherapy:		Other Procedures:					
					If yes please specify					
ls In-patient Red	quired ? L	ength of Stay	y		Indicate Prov	ider		Estima	ate Cost	
& that the medical services shown on this form were medically indicated & necessary for the management of his case.				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 responsibility of doctor and the patent.						
Treating Physici Tel / Fax (import		: Enomen G	Goodluck							
ala,										
Dr. Enomen Goodl General Practiti	Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001									
CITICARE MEDICAL C Dubai - U.A.	CENTER LLC			Patient's Signa	ature(Parent if	minor)				
Date :				Date : 17-Feb-2025						

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.

Note: Claims must be submited along with supporting documents within 30 days from date of service