eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the CITICARE MEDICAL CENTER LLC

Patent Name:	AADIL MANJUR ALI	Gender:	Male	Validity Between:	08/03/20	25 and 07/03	3/2026	
Card No:	EC30-8D0B-3226-DFC4	DOB:	1/1/1992 12:00:00 AM	Coverage Informaton for:	Out Pati	ent		
Pin #:		Identty Card:		Network:	RN UAE MEDGU	(Al Ansari-A LF	UH)-	
Natonal ID:	784-1992-6170597-6	Service Date:	18-Apr-2025	Radiology:	Covered			
		Patent's Tel No:	0529561150					
Policy Holder:		Threshold Limit:						
Payer Name:	DUBAI NATIONAL INSURANCE AND REINSURANCE CO	Class:	Normal					
		Out-Patent :						
Category:	Category B	Patent's File No:	46534	Pharmacy:	Co-Part:	20%		
Gatekeeper:	No	Consultaton :		Laboratory:	Covered	I		
Referral No:								
Referred								
Service:								
SUBJECTIVE ASSESSMENT								
Symptom(s) as described by the patent (Chief Complaint): Date of Symptoms/illness started								
Complaint					DD	MM	YYYY	

Complaint								DD	MM	YYYY	
patient ca	me with lower ba	ıck pair	n along wit	th dark urin	e and burnir	ng micturation	for two days				
pt also fee	els dizziness and v	veakne	ess all time								
pt looks p	ale and irritable										
Death Madical Construction 2								Date	Date of Symptoms/illness started		
Past Medical Surgical History?							DD	MM	YYYY		
								Date	of Symptom	s/illness started	
Obs/Gyn Cl	aims							DD	MM	YYYY	
Para	☐ Gravida:		□ ав:	LMP:	Marital Stat	:us:	Marital Date:		ĺ		
	id the Patient first f			• • •	,	• •					
Is the Patier	nt under any type of	f Treatn	nent?()Y	′ρς ()Nn	if was indic	^ ^		whon			
			none. O i	C3 0 140	ii yes, iiiuic	ate what Asse	essment and since	WIIEII.			
OBJECTIVE	: / ASSESSMENT(
	: / ASSESSMENT(Vital Signs :		T: 36.6	HR:	78 RR	
OBJECTIVE Clinical Fin	: / ASSESSMENT(To be co	ompleted b	y Physician) Chronic		Vital Signs : : 18	B/P:118		HR:	78 RR	
OBJECTIVE Clinical Fin	:/ASSESSMENT <i>(</i> dings : nt/Diagnosis :	To be co	ompleted b	y Physician) Chronic	O Confirm	Vital Signs : : 18	B/P:118		HR:	78 RR	
OBJECTIVE Clinical Fin	:/ASSESSMENT <i>(</i> dings : nt/Diagnosis :	O Acu	ompleted b	Chronic TOM	○ Confirn	Vital Signs : : 18	B/P: 118		HR:	78 RR	
OBJECTIVE Clinical Fin	: / ASSESSMENT <i>(</i> dings : nt/Diagnosis : INDICATE DIAGN	O Acu OSIS N	ompleted b	Chronic TOM	Confirmosis y tract infecti	Vital Signs : : 18 ned Sus	B/P: 118		HR:	78 RR	
OBJECTIVE Clinical Fin Assessmen Type Primary	:/ASSESSMENT/ dings: nt/Diagnosis: INDICATE DIAGN	O Act OSIS N Code	ute CNOT SYMP	Chronic TOM Diagno Urinary Dysuria	Confirmosis y tract infecti	Vital Signs : : 18 ned Suspon, site not sp	B/P: 118		HR:	78 RR	
OBJECTIVE Clinical Fin Assessmen Type Primary Secondary	: / ASSESSMENT (dings : nt/Diagnosis : INDICATE DIAGN	O Act OSIS N Code N39.	ute CNOT SYMP 0 0 9	Chronic TOM Diagno Urinary Dysuria Painful	Confirmosis y tract infecti	Vital Signs : : 18 ned Suspon, site not sp	B/P: 118		HR:	78 RR	
OBJECTIVE Clinical Fin Assessmen Type Primary Secondary Secondary	dings: ht/Diagnosis: INDICATE DIAGN	OSIS N Code N39.	ute CNOT SYMP 0 0 9	Chronic TOM Diagno Urinary Dysuria Painful	Confirm osis y tract infection micturition, unspecified	Vital Signs : : 18 ned Suspon, site not sp	B/P: 118		HR:	78 RR	
OBJECTIVE Clinical Fin Assessmen Type Primary Secondary Secondary Secondary	:/ASSESSMENT(dings: at/Diagnosis: INDICATE DIAGN y y	OSIS N Code N39. R30.6 R50.9	ute CNOT SYMP 0 0 9	Chronic TOM Diagno Urinary Dysuria Painful Fever, u Weakn	Confirm osis y tract infection micturition, unspecified	Vital Signs : : 18 ned Suspon, site not sp	B/P: 118		HR:	78 RR	

Secondary E58 Dietary calcium deficiency	Туре	Code Diagnosis								
Accident or illness due to work? rijury due to road accident? Prigrey due to road accident? Prigrey No Oyes O No Oy	Secondary	E58 Dietary calcium deficiency								
Accident? Describe now the accident or work related injury/limess occur: Yes No Oves No	ACCIDENT/OCC	UPATIONAL C	laim Iı	nformaton ((complete if claim is a re	sult of accident or work relate	d illness/	'injury)		
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim CPT Code Treatment Type Price 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular 9 GP Consultation Consultation Consultation Specify substance or drug); subcutaneous or intramuscular 9 GP Consultation Intravenous infusion, hydration; initial, 31 minutes to 1 hour Co.Pay 10.0000 Intravenous infusion, hydration; initial, 31 minutes to 1 hour Co.Pay 25.0000 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, co.Pay 40.0000 Up to 1 hour Co.Pay 40	Describe how the accident or work?							ted injury/illness oc	cur:	
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim PType Price Treatment Type Price Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular General Consultation General Consultation General Consultation Co. Pay 10.0000 PGS373 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial Co. Pay 10.0000 GGS373 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial Co. Pay 25.0000 GGS373 Intravenous infusion, hydration; initial, 31 minutes to 1 hour Co. Pay 25.0000 GGS65 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour Co. Pay 25.0000 GGS65 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour Co. Pay 40.0000 GGS65 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Co. Pay 40.0000 GGS65 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Co. Pay 40.0000 GGS65 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Co. Pay 40.0000 GGS666 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Co. Pay 40.0000 GGS666 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, 20.0000 GGS666 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, 20.0000 GGS666 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, 20.0000 GGS666 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, 20.0000 GGS666 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, 20.0000 GGS666 Intravenous infusion, for ther	○ Yes ○ No									
CPT Code Treatment Type Price										
96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular 9 GP Consultation Co.Pay 10.0000 96373 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial Co.Pay 10.0000 96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial Co.Pay 10.0000 96375 Intravenous infusion, hydration; initial, 31 minutes to 1 hour Co.Pay 25.0000 96376 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Co.Pay 40.0000 96375 Unitial Co.Pay 25.0000 96376 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Co.Pay 40.0000 96376 Unitial Co.Pay 40.0000 970000 970000000000000000000000			inal In	voices and A	Applicable Prescriptions /	Reports / Results must be end	closed to			
9 GP Consultation Co.Pay 10.0000 96373 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial Co.Pay 10.0000 96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour Co.Pay 25.0000 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Co.Pay 40.0000 96365 Unitravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Up to 1 hour 40.0000 96365 Unitravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Up to 1 hour 40.0000 96365 Unitravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Up to 1 hour 40.0000 96365 Unitravenous infusion, hydration; initial, 31 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydration; initial, 31 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydration initial, 31 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydration initial, 31 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydration initial, 31 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydration initial, 31 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydration initial, 31 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydration initial, 31 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydration initial, 31 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydratenous infusion initial, 32 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydratenous infusion initial, 32 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydratenous infusion initial, 32 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydratenous infusion initial, 32 minutes to 1 hour 40.0000 96365 Unitravenous infusion, hydratenous infusion interaction in hour 40.0000 96365 Unitravenous infusion, hydratenous infusion interaction in hour 40.0000 96365 Unitravenous infusion interaction in hour 40.0000 96365 Unitravenous infusion interaction in hour 40.00	CPT Code								Price	
96373 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial Co.Pay 10.0000 96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour Co.Pay 25.0000 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour Co.Pay 40.0000 0102- 100104- SODIUM CHLORIDE & DEXTROSE B.P. Pharmacy 4.5000 0195- 107704- CEFTRIAXONE-TABUK IV Pharmacy 48.5000 0005- 136504- SCOPINAL Pharmacy 4.6000 0005- 136504- CLOFEN -{DICLOFENAC SODIUM : 75 MG/3ML} SOLUTION FOR INJECTION Pharmacy 6.5000 1021001 0005- 1021 PARAFUSIV IV. 10MG/ML-{PARACETAMOL : 10 MG/ML} SOLUTION FOR INFUSION Pharmacy 8.4000 00101 Pharmacy Pharmacy 8.4000 0021 Pharmacy 9.65000 0022 Parafusis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, ph, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic Duration Instructions Take 1 Tablets 2 Time(s) per Day for 5 Day(s)	96372			Co.Pay	10.0000					
96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour Co.Pay 25.0000 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, Co.Pay 40.0000 10102- 100104- SODIUM CHLORIDE & DEXTROSE B.P. Pharmacy 4.5000 10195- 107704- CEFTRIAXONE-TABUK IV Pharmacy 48.5000 10005- 136504- SCOPINAL Pharmacy 4.6000 1021 CO.Pay 40.0000 1021 CO.Pay 40.0000 1022 CO.Pay 40.0000 1023 CO.Pay 40.0000 1024 Pharmacy 4.5000 1025 Pharmacy 4.5000 1026 Pharmacy 4.6000 1027 Pharmacy 4.6000 1028 Pharmacy 4.6000 1029 Pharmacy 6.5000 1029 Pharmacy 6.5000 1029 Pharmacy 8.4000 1020 Pharmacy 8.4000 1021 P	9	(aP (onsultation) /5 (1000)								
96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour 40.0000 up to 1 h	96373	Therapeutic	, propl	hylactic, or	diagnostic injection (spec	ify substance or drug); intra-a	rterial	Co.Pay	10.0000	
Up to 1 hour 1012- 100104- 100104- 100104- 100105- 107704- 0801 CEFTRIAXONE-TABUK IV Pharmacy 4.5000 Pharmacy 4.5000 Pharmacy 4.5000 Pharmacy 4.5000 Pharmacy 4.5000 Pharmacy 4.6000 Pharmacy 4.6000 CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy 4.6000 Pharmacy 4.6000 Pharmacy 4.6000 Pharmacy 4.6000 Pharmacy 4.6000 Pharmacy 6.5000 Pharmacy 6.5000 Pharmacy 6.5000 Curinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy 86140 C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic Duration Instructions Take 1Tablets 2 Time(s) per Day For 5 Day(s)	96360				<u> </u>			Co.Pay	25.0000	
100104- 10011 SODIUM CHLORIDE & DEXTROSE B.P. Pharmacy 4.5000 0195- 107704- 0801 CEFTRIAXONE-TABUK IV Pharmacy 48.5000 0005- 136504- 1021 Pharmacy 4.6000 0005- 149902- 1021 Pharmacy 6.5000 12190- 1021 PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INJECTION Pharmacy 8.4000 1001 Pharmacy 8.4000 1001 Pharmacy 6.5000 Pharmacy 6.5000 1001 Pharmacy 8.4000 1001 Pharmacy 10000 1001 Pharmacy 1000	96365			on, for thera	apy, prophylaxis, or diagn	osis (specify substance or dru	g); initial,	Co.Pay	40.0000	
107704- 0801 CEFTRIAXONE-TABUK IV Pharmacy 48.5000 0005- 136504- 1021 Pharmacy 4.6000 1005- 149902- 1021 CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy 6.5000 1090- 106618- PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION Pharmacy 8.4000 1001 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy Lab 15.0000 85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Lab 20.0000 Code Generic Duration Instructions Take 1Tablets 2 Time(s) per Day For 5 Day(s)	100104-	SODIUM CH	LORID	Pharmacy	4.5000					
136504- 1021 0005- 149902- 1021 CLOFEN -{DICLOFENAC SODIUM : 75 MG/3ML} SOLUTION FOR INJECTION Pharmacy 6.5000 2190- 106618- 1001 PARAFUSIV I.V. 10MG/ML-{PARACETAMOL : 10 MG/ML} SOLUTION FOR INFUSION Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy 86140 C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic Duration Take 1Tablets 2 Time(s) per Day For 5 Day(s)	107704-	CEFTRIAXONE-TABUK IV						Pharmacy	48.5000	
149902- 1021 CLOFEN - (DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy 6.5000	136504-	SCOPINAL		Pharmacy	4.6000					
106618- 1001 PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION Pharmacy 8.4000 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy 86140 C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic Duration Instructions Take 1Tablets 2 Time(s) per Day For 5 Day(s)	149902-	CLOFEN -(DI	CLOFE	Pharmacy	6.5000					
81001 leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy 86140 C-reactive protein; Lab 15.0000 85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic Duration Instructions 2027- 560101- (IBUPROFEN: 150 MG) (PARACETAMOL: 500 MG) FILM COATED TABLETS 5 Take 1Tablets 2 Time(s) per Day For 5 Day(s)	106618-	PARAFUSIV I	.V. 10ľ	Pharmacy	8.4000					
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic 2027- 560101- (IBUPROFEN: 150 MG) (PARACETAMOL: 500 MG) FILM COATED TABLETS Duration Instructions Take 1Tablets 2 Time(s) per Day For 5 Day(s)	81001	leukocytes, i	nitrite,	Lab	8.0000					
Code Generic Duration Instructions 2027- 560101- (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS Duration Instructions Take 1Tablets 2 Time(s) per Day For 5 Day(s)	86140	C-reactive p	rotein	Lab	15.0000					
2027- 560101- (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS 5 per Day For 5 Day(s)	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and						Lab	20.0000	
2027- 560101- (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS 5 per Day For 5 Day(s)		I								
2027- 560101- (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS 5 per Day For 5 Day(s)	Code	Generic					Duratio	n Instructions		
0392 others										
2150- 575201- 1171 (CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) and the second seco	575201-							per Day For 30 [per Day For 30 Day(s)	
0321- 100604- 1171 (VITAMIN B12 : 200 MCG) (THIAMINE (VITAMIN B1) : 100 MG) (PYRIDOXINE (VITAMIN B6) : 200 MG) TABLETS Take 1Tablets 1 Time(s) per Day For 30 Day(s) others	100604-	, , , , , , , , , , , , , , , , , , , ,						per Day For 30 [per Day For 30 Day(s)	
3114- 482003- 0391 (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	482003-	(CIPROFLOXA	ACIN (A	per Day For 5 Da	per Day For 5 Day(s)					
0097- (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 5 Take 1Powder 2 Time(s) per Day For 5 Day(s) 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 5 others	658501-	(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : Take 1Powder 2 Time(0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 5								
O Pharmacy: Estmated Costs O Laboratory / Radiology: Estmated Costs	O Pharmacy:			Estmated 0	Costs	O Laboratory / Radiology:	Est	mated Costs		
Is the following required Surgery: © Endoscopy:										
Physiotherapy: Other Procedures:	ns the following required									
				111,5.50	- t- /					

		If yes please specify				
Is In-patient Required ? Length of Stay		Indicate Provider	Estimate Cost			
I hereby certfy that all informaton r		I hereby authorize any Healthcare Provider, Insurer, Employer or other Organizaton				
& that the medical services shown of	•	to release any informaton regarding my medical conditon and history to NEXtCARE				
medically indicated & necessary for	the management of	for the purpose of determining insurance benefts. Medical management is the sole				
this case.		responsibility of doctor and the patent.				
Treating Physician Name : AISHA						
Tel / Fax (important):						
Signature & Stamp Dr. Aisha Umer						
Physician- General Practitioner						
DHA- 40131439-002						
CITICARE MEDICAL CENTER						
A Little and Mandage and a new a sect						
DUBAI – U.A.E		Patient's Signature(Parent if minor)				
Date :		Date : 18-Apr-2025				
Note: Claims must be submited alor	ng with supporting doc	cuments 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.