eASOAP FORM



ADMINISTRATIVE

Complaint

The member is allowed for **Out Patient**

at the CITICARE MEDICAL CENTER LLC

DD

MM

YYYY

Patent Name:	DEEP CHAND MATA DEEN	Gender:	Male	Validity Between:	26/08/2024 and 25/08/2025			
Card No:	9995-EECD-290D-C1FA	DOB:	2/1/1984 12:00:00 AM	Coverage Informaton for:	Out Patient			
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)- MEDGULF			
Natonal ID:	784-1984-7684251-7	Service Date:	06-May-2025	Radiology:	Covered			
		Patent's Tel No:	0509054964					
Policy Holder:		Threshold Limit:						
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal					
		Out-Patent :						
Category:	Category B	Patent's File No:	35882	Pharmacy:	Co-Part: 20%			
Gatekeeper:	No	Consultaton:		Laboratory:	Covered			
Referral No:								
Referred								
Service:								
SUBJECTIVE ASSESSMENT								
Symptom(s) as described by the patent (Chief Complaint): Date of Symptoms/illness started								

pt came with high grade fever bodyache and severe cough with green sputum for two days.										
oe throat is hyperemic										
chest is congested .										
Past Medical	Surgical History?			○Yes		ONO		Date of Symptoms/illness started		
				1 .00		10.10		DD	MM	YYYY
								Date of 9	 Symptoms/il	 ness started
Obs/Gyn Claii	ms							DD	мм	YYYY
Para	☐ Gravida:	□ АВ:	LMP:	Marital Statu	us:	Marital Date:				
	the Patient first feel sa				•					
Is the Patient ।	under any type of Trea	tment? O	∕es ○ No	if yes, indica	ite what Asse	ssment and since	when:			
OBJECTIVE /	ASSESSMENT(To be	completed b	y Physician)							
Clinical Findings :					Vital Signs : : 18	B/P : 127	T : 3	7	HR : 94	RR
Assessment/I	Diagnosis : OA		Chronic TOM	O Confirm	ed OSusi	pected				
Туре	Code		Diagnosis							
Primary	J06.9		Acute upper respiratory infection, unspecified							
Secondary	J02.9		Acute pharyngitis, unspecified							
Secondary	R50.9		Fever, unspecified							
Secondary	R52		Pain, unspecified							
Secondary	R05		Cough							
Secondary	R06.2		Wheezing							

ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury)

2441 0195- 107704-	cident or illn	ess due to work?	Injury due accident?		Describe how	the acciden	t or work r	elated inju	ry/illness occ	ur:
Treatment Treatment Treatment Type				No						
Treatment Trype					10 10					
Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour 96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular 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 induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for sputum induction for file purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or induction for sputum induction for			voices and Applicable i	rescriptions ,	/ Reports / Resi	uits must be	enciosea	to consider		
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug for substance/frug for substance/drug for substance/drug for substance/drug for substance/drug for substance/frug for substance/		Intravenous infusio	n, for therapy, prophyl	axis, or diagn	osis (specify su	bstance or c	drug); initia	al, up to 1		Price 40.000
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular Co.Pay Passurized 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) Pharmacian (Co.Pay) Pharmacian (Co.P	96374	Therapeutic, proph		njection (spec	ify substance o	r drug); intra	avenous p	ush, single	Co.Pay	10.000
induction for diagnostic purposes (eg., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or							Co.Pay	10.000
135906- 2441 135906- 2441 107704- 2451 107704- 2461 24704- 2481 248	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							Co.Pay	15.000
Duration	135906-	PULMICORT-(BUDE	SONIDE : 0.5 MG/ML)	SUSPENSION	FOR NEBULIZA	TION			Pharmacy	10.480
149902- 1021 1021 1022 1023 1024 1025 122107- 1022 1090- 106618- 1001 86140 C-reactive protein; 81002 81005- 114501- 2481 1005- 1172 1172 1172 1172 1172 1172 1173 1172 1173 1172 1173 1174 1174 1175 1175 1175 1175 1175 1175	107704-	CEFTRIAXONE-TABL	JK IV						Pharmacy	48.500
DEXAMETHASONE SODIUM PHOSPHATE-{DEXAMETHASONE : 4 MG/ML} SOLUTION FOR INJECTION Pharmacy 10022 190- 106618- 1001 86140 C-reactive protein; Lab 85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic Duration Instructions 10005-114501- 2481 10005-114501- 2481 10005-114501- 2481 10005-119803- 1172 10005-119803- 1172 10005-107001- 10052 1005-107001- 1005-107	149902-	CLOFEN -(DICLOFEN	NAC SODIUM : 75 MG/	3ML) SOLUTIO	ON FOR INJECT	ION			Pharmacy	6.5000
Pharmacy: Parafusiv I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION Pharmacy: Parafusive protein; Lab Duration Instructions Duration Instructions Take 17syrup 2 Time(s) per Day Day(s) others Day(s) others Day(s) others Day(s) others Day(s) others Take 17ablets 1 Time(s) per Day Day(s) others Day(s) others Take 17ablets 3 Time(s) per Day Day(s) others Pharmacy: Estmated Costs Pharmacy: Estmated Costs Pharmacy: Estmated Costs Pharmacy: Pharmacy: Estmated Costs Physiotherapy: Physiotherapy: Physiotherapy: Physiotherapy: Physiotherapy: Physiotherapy: Pharmacy: Physiotherapy: Physiotherapy: Physiotherapy: Pharmacy: Physiotherapy: Pharmacy: Physiotherapy: Pharmacy: Physiotherapy: Pharmacy: Physiotherapy: Physiotherapy: Pharmacy: Physiotherapy: Pharmacy: Physiotherapy: Pharmacy: Physiotherapy: Physiotherapy: Physiotherapy: Pharmacy: Physiotherapy: Physiotherapy: Physiotherapy: Pharmacy: Physiotherapy: Physio	122107-	DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION						Pharmacy	2.3400	
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic O005-114501- 2481 (AMBROXOL: 15 MG/5ML) SYRUP (SUGAR FREE) 5 Take 1Syrup 2 Time(s) per Day Day(s) others O005-119803- 1172 (PREDNISOLONE: 20 MG) TABLETS 5 Take 1Tablets 1 Time(s) per Day Day(s) others O005-107001- 0052 (CAFFEINE: 65 MG) (PARACETAMOL: 500 MG) CAPLETS 5 Take 1Tablets 3 Time(s) per Day Day(s) others O397-116207- 0397 (AMOXICILLIN: 500 MG) (CLAVULANIC ACID: 125 MG) FILM 7 Take 1Tablets 2 Time(s) per Day Day(s) others O497-116207- O391 COATED TABLETS Surgery: Pharmacy: Estmated Costs Surgery: Physiotherapy: Other Procedures: If yes please specify Indicate Provider In the medical services shown on this form were the dically indicated & necessary for the management of for the purpose of determining insurance benefts. Medical management of for the purpose of determining insurance benefts. Medical management	106618-	PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION						Pharmacy	8.4000	
Code Generic Duration Instructions	86140	C-reactive protein;					Lab	15.000		
CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS Take 1Tablets 1 Time(s) per Day Day(s) others	85025	, ,	' ''	(Hgb, Hct, RB	C, WBC and pla	itelet count)	and auto	mated	Lab	20.000
CAMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE) 5 Take 1Syrup 2 Time(s) per Day Day(s) others	Code	Generic				Duration	Instruction	ons		
CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS Take 1Tablets 1 Time(s) per Day Day(s) others	0005-114501- (AMBROXOL : 15 MG/5ML) SV			(SLIGAR EREF.) 5 Take 1Syrup 2 Time			(s) per Day For 5			
Day(s) others Day(s) others		(PREDNISOLON	NE : 20 MG) TABLETS	Take 1Tablets 1 T			blets 1 Time	me(s) per Day For 5		
OATED TABLETS Day(s) others						e(s) per Day For 5				
Surgery: Physiotherapy: In-patient Required? Length of Stay Indicate Provider Estimate the reby certfy that all information mentioned are correct that the medical services shown on this form were nedically indicated & necessary for the management of Surgery: Indicate Provider Estimate the reduction of Stay Indicate Provider I hereby authorize any Healthcare Provider, Insurer, Employer or other Of to release any information regarding my medical condition and history to for the purpose of determining insurance benefits. Medical management		91 COATED TABLETS / Day(s) others						e(s) per Day F	or 7	
In-patient Required? Length of Stay In-patient Required? Length of Stay Inereby certfy that all information mentioned are correct that the medical services shown on this form were nedically indicated & necessary for the management of Information of the purpose of determining insurance benefits. Medical management	O Pharmacy:		Estmated Costs		C Laboratory / Radiology: Estmated (osts		
In-patient Required? Length of Stay Indicate Provider Indicate Pro			O Surgery:		O Endoscopy	<i>r</i> :				
In-patient Required? Length of Stay Indicate Provider Estim hereby certfy that all information mentioned are correct that the medical services shown on this form were edically indicated & necessary for the management of	the following	g required	O Physiotherapy:	otherapy:						
hereby certfy that all informaton mentoned are correct that the medical services shown on this form were edically indicated & necessary for the management of					If yes please s	pecify				
that the medical services shown on this form were edically indicated & necessary for the management of to release any information regarding my medical condition and history to for the purpose of determining insurance benefits. Medical management									Estimat	
IIN LUNE IRPSHONSINIIITY OT ACCTOR AND THE NATION	that the mea	lical services shown o	on this form were	to release an for the purpo	y informaton re ose of determin	egarding my ing insuranc	medical c	onditon and	d history to N	EXtCAR
reating Physician Name : AISHA		an Name : AISHA		responsibility	oj uoctor and	ine patent.				
el / Fax (important):										

Cinnature 9 Oteans	Cejlu.					
Signature & Stamp						
Dr. Aisha Umer						
Physician- General Practitioner						
DHA- 40131439-002			1			
CITICARE MEDICAL CENTER						
DUBAI - U.A.E		Patient's Signature(Parent if minor)				
Date :		Date : 06-May-2025				
Note: Claims must be submited along with supportng 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.