

eASOAP FORM



ADMINISTRATIVE

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

Patent Name:	ABDUL WAHAB	Gender:	Male	Validity Between:	05/08/2024 and 14/08/2025
Card No:	D0AB-0BDA-D446-74AF	DOB:	8/20/1990 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-1990-3867763-1	Service Date:	10-Jun-2025	Radiology:	Covered
Policy Holder:		Patent's Tel No:	0524247890		
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal		
Category:	Category B	Out-Patent :		Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Patent's File No:	42488	Laboratory:	Covered
Referral No:		Consultaton :			
Referred Service:					

SUBJECTIVE ASSESSMENT

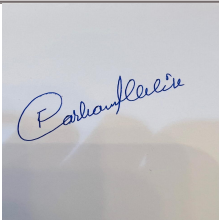
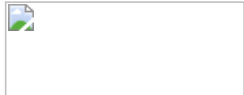
Symptom(s) as described by the patent (Chief Complaint):						Date of Symptoms/illness started		
Complaint						DD	MM	YYYY
done wellness package:								
on investigation:								
high cholesterol								
vitamin d deficiency								
gastritis								
fistula								
Past Medical Surgical History?						Date of Symptoms/illness started		
☐ Yes ☐ No						DD	MM	YYYY
Obs/Gyn Claims						Date of Symptoms/illness started		
☐ Para	☐ Gravida:	☐ AB:	LMP:	Marital Status:	Marital Date:	DD	MM	YYYY
What date did the Patient first feel same / similar Symptom(s) : dd mm yyyy								
Is the Patient under any type of Treatment? ☐ Yes ☐ No if yes, indicate what Assessment and since when:								

OBJECTIVE / ASSESSMENT (To be completed by Physician)

Clinical Findings :				Vital Signs : B/P : 112 T : 36.2 HR : 78 RR : 18			
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM							
Type	Code	Diagnosis					
Primary	E78.00	Pure hypercholesterolemia, unspecified					
Secondary	E55.9	Vitamin D deficiency, unspecified					
Secondary	K29.00	Acute gastritis without bleeding					
Secondary	K60.3	Anal fistula					
Secondary	K61.0	Anal abscess					

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

Accident or illness due to work?		Injury due to road accident?		Describe how the accident or work related injury/illness occur:	
☐ Yes ☐ No		☐ Yes ☐ No			
Date of accident or beginning of illness:					
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim					
CPT Code	Treatment	Type		Price	
9	GP Consultation	General Consultation		25.0000	
Code	Generic	Duration	Instructions		
0281-128401-0651	(FUSIDIC ACID : 2%) OINTMENT	7	Take 1Cream 2 Time(s) per Day For 7 Day(s) others		
0219-533801-0392	(ESOMEPRazole (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) morning empty stomach		
1290-640418-1171	(VITAMIN D3 (CHOLECALCIFEROL) : 1000 IU) TABLETS	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others		
0880-155602-0391	(ROSUVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) evening		
☐ Pharmacy:		Estimated Costs		☐ Laboratory / Radiology:	
				Estimated Costs	
Is the following required		☐ Surgery:		☐ Endoscopy:	
		☐ Physiotherapy:		☐ Other Procedures:	
		If yes please specify			

Is In-patient Required ? Length of Stay		Indicate Provider		Estimate Cost	
I hereby certify that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this 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 benefsts. Medical management is the sole responsibility of doctor and the patent.			
Treating Physician Name : Dr.Farhan Ilyas					
Tel / Fax (important):					
 Signature & Stamp		 Patient's Signature(Parent if minor)			
 Dr. Farhan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E					
Date :		Date : 10-Jun-2025			
Note: Claims must be submitted 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 effects caused due to the claims submissions. NEXtCare assumes no responsibility for any discrepancies or errors contained in this pre-printed datasheet and fnal opinion will be given by the NEXtCARE claims doctors.