## **eASOAP FORM**



## ADMINISTRATIVE

The member is allowed for **Out Patient** 

## at the CITICARE MEDICAL CENTER LLC

ADMINISTRATIV	L Illet	at the ciricane wildical center lec							
Patent Name:	RISHI BAHADUR DALLAKOTI	Gender:	Male	Validity Between:	03/08/20	024 and 02/0	8/2025		
Card No:	1BA3-6159-C555-4F5A	DOB:	<b>6/29/1982 12:00:00</b> Coverage Information for:		Out Patient				
Pin #:		Identty Card:		Network:	RN UAE MEDGU	(Al Ansari- <i>A</i> JLF	AUH)-		
Natonal ID:	784-1982-6594302-1	Service Date: Patent's Tel No:	12-Jun-2025 0502865780	Radiology:	Covered	t			
Policy Holder:		Threshold Limit:							
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal						
		Out-Patent :							
Category:	Category B	Patent's File No:	46901	Pharmacy:	Co-Part: 20%				
Gatekeeper:	No	Consultaton :		Laboratory:	Covered	d			
Referral No:									
Referred Service:									
SUBJECTIVE ASS	SESSMENT								
Symptom(s) as described by the patent (Chief Complaint):						Date of Symptoms/illness started			
Complaint					DD	MM	YYYY		

## patient came with medication he is taking anti hypertensive medication high triglycerides high Idl Date of Symptoms/illness started ○ Yes Past Medical Surgical History? O No DD ММ YYYY Date of Symptoms/illness started Obs/Gyn Claims DD MM YYYY Para ☐ Gravida: ☐AB: LMP: Marital Status: Marital Date: What date did the Patient first feel same / similar Symptom(s) : dd mm yyyy ls the Patient under any type of Treatment? $\bigcirc$ Yes $\bigcirc$ No $\,$ if yes, indicate what Assessment and since when: OBJECTIVE / ASSESSMENT(To be completed by Physician) Clinical Findings : Vital Signs: B/P:136 T:36.8 HR: 82 RR 18 Assessment/Diagnosis: ○ Acute ○ Chronic ○ Confirmed Suspected INDICATE DIAGNOSIS NOT SYMPTOM Type Code **Diagnosis** Essential (primary) hypertension 110 Primary Secondary E78.00 Pure hypercholesterolemia, unspecified

Describe how the accident or work related injury/illness occur:

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

accident?

○ Yes ○ No

Accident or illness due to work?

Date of accident or beginning of illness:

○Yes ○No

MEDICAL PLAN Itemi	zed Original I	nvoices and Applicable I	Prescriptions	/ Reports	/ Results mu	ust be enclosed	I to conside	r claim	
CPT Code Treatment			Туре				Price		
9 GP Con		nsultation		General Consultation				25.0000	
Code	ode Generic					Instructions			
6058-155602- 0391	(ROSUVASTA TABLETS	ATIN (AS CALCIUM) : 10	MG) FILM COATED		30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others			
0207-379203- 1171	(AMLODIPIN	NE (AS BESYLATE) : 5MG	) TABLETS	TABLETS 90 Take 1Tabl others			ts 1 Time(s) per Day For 90 Day(s)		
O Pharmacy:		Estmated Costs		O Laboratory / Radiology:			Estmated Costs		
		O Surgery:	○ Endoscopy:						
Is the following requi	red	O Physiotherapy:	Othe	Other Procedures:					
			If yes ple	If yes please specify					
Is In-patient Required '	? Length of Sta			Indicate I	Provider			Estimate Cost	
I hereby certfy that a & that the medical se medically indicated & this case. Treating Physician Nar Tel / Fax (important):	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.								
Signature & Stamp  Dr. Aisha Umer Physician- General Pracitioner									
DHA: 40131439-002 Citicare Medical Center Dubai - U.A.E			Patient's Sig.	nature(Pare					
Date :			Date : 12-Jun-2025						
Note: Claims must be	submited ald	ong with supporting doci	uments with	in 30 days t	from date o	f 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.