

eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the **CITICARE MEDICAL CENTER LLC**

Patent Name:	JAIDEN EMMANUEL JAIRIN GIFT	Gender:	Male	Validity Between:	13/06/2024 and 13/06/2025
Card No:	4532-5E56-59BE-E4A7	DOB:	12/23/2020 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (AI Ansari-AUH)-MEDGULF
Natonal ID:	784-2020-1772057-8	Service Date:	12-Jun-2025	Radiology:	Covered
Policy Holder:		Patent's Tel No:	0556811094		
Payer Name:	ORIENT INSURANCE P.J.S.C	Threshold Limit:			
		Class:	Normal		
Category:	Category B	Out-Patent :		Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Patent's File No:	47135	Laboratory:	Covered
Referral No:		Consultaton :			
Referred Service:					

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):						Date of Symptoms/illness started		
Complaint C/O: abdominal pain , severe in intensity, on and off, woke up with severe pain last night (noctural pain) on exam: abdomen is soft, non tender, no visceromegaly CVS: S1+S2+0 Chest: clear bilaterally noctural pain needs evaluation with blood and radiology workup to rule out appendicitis, malrotation.						DD	MM	YYYY
Past Medical Surgical History?				☐ Yes	☐ No	Date of Symptoms/illness started		
						DD	MM	YYYY
Obs/Gyn Claims						Date of Symptoms/illness started		
						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								
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 : 0		T : 36.6		HR : 84		RR	
				: 18							
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM											
Type	Code	Diagnosis									
Primary	R10.9	Unspecified abdominal pain									

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	
81015	Urinalysis; microscopic only	Lab	8.0000	
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	Lab	100.0000	
82728	Ferritin	Lab	20.0000	
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Lab	15.0000	
Code	Generic	Duration	Instructions	
0006-106607-1161	(PARACETAMOL : 240 MG/5ML) SYRUP	3	Take 5ML 1 Time(s) per Day For 3 Day(s) after meal , IN CASE OF ABDOMINAL PAIN	
0188-232403-0461	(ESOMEPRAZOLE : 10 MG) GRANULES FOR RECONSTITUTION	7	Take 1sachet 2 Time(s) per Day For 7 Day(s) before meal, take on empty stomach	
☐ 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 benefets. Medical management is the sole responsibility of doctor and the patent.		
Treating Physician Name : Dr Bushra				
Tel / Fax (important):				
 Signature & Stamp 		 Patient's Signature(Parent if minor)		
Date :		Date : 12-Jun-2025		
Note: Claims must be submitted along with supporting 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.