

eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the **CITICARE MEDICAL CENTER LLC**

Patent Name:	ELYES RENAUD BEN SASSI	Gender:	Male	Validity Between:	28/05/2025 and 31/12/2025
Card No:	52A1-CA8C-1D4B-44BB	DOB:	11/22/1994 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-1994-7246687-1	Service Date:	23-Jul-2025	Radiology:	Covered
Policy Holder:		Patent's Tel No:	528438733		
		Threshold Limit:			
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	47193	Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Consultaton :		Laboratory:	Covered
Referral No:					
Referred					
Service:					

SUBJECTIVE ASSESSMENT

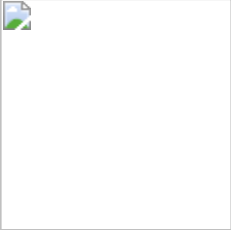
Symptom(s) as described by the patent (Chief Complaint):						Date of Symptoms/illness started		
Complaint PC lump over left ringer HOPC pt presented with complaints of lump over left ring finger since a month O\E superficial tiny growth over left ring finger in the middle phalanx Excision done Area cleaned with antiseptic,local anesthetic spray applied and shaved top of the lump with scalpel.And then chemical cautery applied No drug allergy Nil comorbs						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 : 110 T : 36 HR : 78 RR : 18		
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected					
INDICATE DIAGNOSIS NOT SYMPTOM					
Type	Code	Diagnosis			
Primary	R22.9	Localized swelling, mass and lump, unspecified			

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		
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Co.Pay	80.0000		
Code	Generic	Duration	Instructions		
2741-710601-0991	(POLIDOCANOL : 0.2 G) (LACTIC ACID : 0.5 G) (SALICYLIC ACID : 2 G) SOLUTION	10	Take 1Solution 1 Time(s) per Day For 10 Day(s) others		
0080-286301-2611	(FLUOROURACIL : 5 MG/ML) (SALICYLIC ACID : 100 MG/ML) (DIMETHYL SULPHOXIDE : N/A) TOPICAL SOLUTION	1	Take 1Solution 1 Time(s) per Day For 1 Day(s) others		
☐ 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 condition and history to NEXtCARE for the purpose of determining insurance benefits. Medical management is the sole responsibility of doctor and the patent.			
Treating Physician Name : KEERTHANA					
Tel / Fax (important):					
 Signature & Stamp		 Patient's Signature(Parent if minor)			
 د. كيرثانا راني باديبوراييل ثارا Dr. Keerthana Rani Padippurayil Thara General Practitioner License No.: 37864046-001 مركز سيتيكير الطبي ذم م CITICARE MEDICAL CENTER LLC		Date : 23-Jul-2025			
Note: Claims must be submitted along with supporting documents within 30 days from date of service					

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