

eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the **CITICARE MEDICAL CENTER LLC**

Patent Name:	SHAKIRA NANTALE	Gender:	Female	Validity Between:	21/12/2024 and 20/12/2025
Card No:	7F91-E9CC-7271-7F69	DOB:	1/6/1989 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-1989-4467006-0	Service Date:	24-Aug-2025	Radiology:	Covered
Policy Holder:		Patent's Tel No:	0585993310		
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:	47702	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
PC IRREGULAR PERIODS,ABDOMINAL PAIN,BACK PAIN,VOMITING HOPC PT PRESENTS WITH COMPLAINTS OF IRREGULAR PERIODS SHE HAS SEVERE ABDOMINAL PAIN,BACK PAIN,VOMITING FROM TODAY She took T.primolut n for 4 days and stopped.After stopping the medicine bleeding again started with associated severe abdominal pain O\E She looks so pale and dehydrated Advised Gynecology consultation							
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 : 36.1 HR : 78 RR : 18		
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM					
Type	Code	Diagnosis			
Primary	N92.0	Excessive and frequent menstruation with regular cycle			
Secondary	R10.30	Lower abdominal pain, unspecified			
Secondary	D64.9	Anemia, 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
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	Co.Pay	25.0000
0439-152905-1001	LACTATED RINGERS INJECTION USP	Pharmacy	7.5000
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	Radiology	100.0000
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Lab	20.0000
Code	Generic	Duration	Instructions
6506-931301-1451	(ZINC GLUCONATE : 97.58 MG) (IRON (FERROUS FUMARATE) : 76.07 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 6.07 MG) (CUPRIC CITRATE (COPPER) : 5.68 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 1 MG) (PTEROYLMONOGLUTAMIC ACID : 500 MCG) CAPSULES (HARD GELATIN)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)
☐ Pharmacy:		Estimated Costs	☐ Laboratory / Radiology:
☐ Surgery:		Estimated Costs	☐ Endoscopy:
☐ Physiotherapy:		☐ Other Procedures:	☐ If yes please specify
Is the following required			

Is In-patient Required ? Length of Stay	Indicate Provider	Estimate Cost
<i>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>		
<i>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.</i>		
Treating Physician Name : KEERTHANA		
Tel / Fax (important):		
		
د. کیرثانا رانی پادیپورایل ثارا Dr. Keerthana Rani Padippurayil Thara General Practitioner License No.: 37864046-001 مرکز سیتیکیئر الطبی ذمہ CITICARE MEDICAL CENTER LLC		
Date :		Date : 24-Aug-2025
Note: Claims must be submitted along with supporting documents within 30 days from date of service		

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