

eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**at the **Irham Medical Center Arjan**

Patent Name:	KHAWAZHA JAN ALLAH JAN	Gender:	Male	Validity Between:	12/04/2023 and 11/04/2024
Card No:	3181-E878-1C9C-8F95	DOB:	1/1/1976 12:00:00 AM	Coverage Information for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-1976-5151595-5	Service Date:	30-Oct-2023	Radiology:	Covered
		Patent's Tel No:	0569338664		
Policy Holder:		Threshold Limit:			
Payer Name:	ORIENT UNB TAKAFUL P.J.S.C.	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	33135	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						DD	MM	YYYY
vertigo on laying down flat								
no h/o fever ,vomiting,trauma								
he is taking biohistine 16mg since 1 week for the same								
BP today is 140/90mmhg								
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 : 139	T : 36.8	HR : 78	RR : 22
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM						
Type	Code	Diagnosis				
Primary	H81.09	Menieres disease, unspecified ear				
Secondary	H81.13	Benign paroxysmal vertigo, bilateral				

Type	Code	Diagnosis
Secondary	I10	Essential (primary) hypertension
Secondary	R11.0	Nausea
Secondary	M79.10	Myalgia, unspecified site
Secondary	R52	Pain, 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	CONSULTATION GP	General Consultation	25.0000

Code	Generic	Duration	Instructions
0202-131601-1171	(BETAHISTINE : 8 MG) TABLETS	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal
0252-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal
0202-136501-1171	(HYOSCINE : 10 MG) TABLETS	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal

☐ 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

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 benefits. Medical management is the sole responsibility of doctor and the patent.

Treating Physician Name : **Sajid Sanaullah**

Tel / Fax (important):



Signature & Stamp



Patient's Signature(Parent if minor)



Date :

Date : 30-Oct-2023

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 efects 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.