

eASOAP FORM



ADMINISTRATIVE

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

Patent Name:	NATHALIE DORAID I SHATAT	Gender:	Female	Validity Between:	05/04/2023 and 04/04/2024
Card No:	6AA7-FAC8-4B93-8309	DOB:	6/21/2015 12:00:00 AM	Coverage Informaton for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)-MEDGULF
Natonal ID:	784-2015-1652854-0	Service Date:	18-Nov-2023	Radiology:	Covered
		Patent's Tel No:	971504824958		
Policy Holder:		Threshold Limit:			
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	40051	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
Severe cough and fever since Tuesday 14/11/2023 and severe productive cough and fever continued inspite of using medicine								
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 : 0		T : 37.9		HR : 105		RR	
				: 22							
Assessment/Diagnosis : ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected INDICATE DIAGNOSIS NOT SYMPTOM											
Type	Code	Diagnosis									
Primary	J02.9	Acute pharyngitis, unspecified									
Secondary	J20.9	Acute bronchitis, unspecified									
Secondary	R05	Cough									
Secondary	R06.2	Wheezing									
Secondary	J45.991	Cough variant asthma									

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

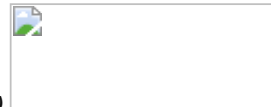
CPT Code	Treatment	Type	Price
0188-135906-2441	PULMICORT	Pharmacy	10.4800
0006-124513-2071	VENTOLIN NEBULES	Pharmacy	1.2300
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	Co.Pay	20.0000
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Co.Pay	10.0000
0005-149902-1021	CLOFEN	Pharmacy	6.5000
0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE	Pharmacy	2.3400
0195-107704-0802	CEFTRIAXONE-TABUK IM	Pharmacy	48.5000
10	Specialist Consultation	General Consultation	45.0000

Code	Generic	Duration	Instructions
0015-101502-0271	(ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others
1401-395404-0391	(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	15	Take 1Tablets 1 Time(s) per Day For 15 Day(s) others
1158-412002-1391	(FLUTICASONE PROPIONATE : 250 MCG/DOSE) (SALMETEROL (AS XINAFOATE) : 25 MCG/DOSE) AEROSOL INHALER	7	Take 2Puff 3 Time(s) per Day For 7 Day(s) others
0139-116204-2151	(CLAVULANIC ACID : 57 MG/5ML) (AMOXICILLIN : 400 MG/5ML) POWDER FOR SYRUP	7	Take 7ML 3 Time(s) per Day For 7 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>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 : Mohammadmahdi	
Tel / Fax (important):	

 Signature & Stamp Dr. Mohammadmahdi Ghodstehrani Specialist Neonatology DHA No: 00045407-001 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E.	 Patient's Signature(Parent if minor)
Date :	Date : 18-Nov-2023
Note: Claims must be submitted along with supporting documents within 30 days from date of service	

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