ADMINISTRATIVE

eASOAP FORM

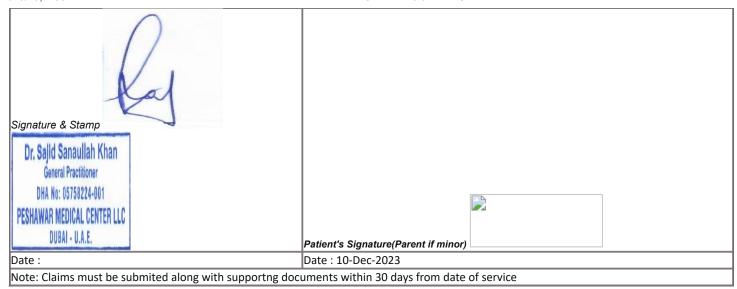


at the Irham Medical Center Arjan

Julius Pereira Patent Name: Gender: Validity Between: 01/01/1900 and 13/04/2024 Male **Coverage Informaton** 5/26/1986 12:00:00 Card No: 43E5-127E-AADC-A2F5 DOB: **Out Patient** AM RN UAE (Al Ansari-AUH)-Pin #: Identty Card: Network: **MEDGULF** Natonal ID: 784-1986-7046026-4 Service Date: 10-Dec-2023 Radiology: Covered Patent's Tel No: 529728873 Threshold Policy Holder: Limit: **ORIENT INSURANCE** Normal Payer Name: Class: P.J.S.C Out-Patent: Patent's File 41789 Pharmacy: Co-Part: 20% Category: Category B No: Gatekeeper: No Consultation: Laboratory: Covered Referral No: Referred Service: SUBJECTIVE ASSESSMENT Symptom(s) as described by the patent (Chief Complaint): Date of Symptoms/illness started DD MM YYYY Complaint No Complaints Found for Selected Appointment Date of Symptoms/illness started Past Medical Surgical History? O Yes O No MM YYYY Date of Symptoms/illness started Obs/Gyn Claims 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? O Yes O No if yes, indicate what Assessment and since when: OBJECTIVE / ASSESSMENT(To be completed by Physician) Clinical Findings: RR Vital Signs: B/P:124 T:37.3 HR: 99 : 22 O Acute O Chronic O Confirmed Assessment/Diagnosis: Suspected INDICATE DIAGNOSIS NOT SYMPTOM Type Code **Diagnosis** J02.9 Acute pharyngitis, unspecified Primary Secondary J20.9 Acute bronchitis, unspecified H66.005 Ac suppr otitis media w/o spon rupt ear drum, recur, I ear Secondary Secondary R09.81 Nasal congestion ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury) Injury due to road Accident or illness due to work? Describe how the accident or work related injury/illness occur: accident?

The member is allowed for Out Patient

○ Yes ○ No			Yes O	No No					
	t or beginning of illn				1				
MEDICAL PLAN	Itemized Original In	voices and Ap	plicable	Prescriptions	/ Reports / Results must be	enclosed	to consider claim	1	
CPT Code	Treatment						Туре	Price	
9	CONSULTATION GP						General Consultation	25.0000	
0006-124513- 2071	VENTOLIN NEBU	ULES					Pharmacy	1.2300	
0188-135906- 2441 PULMICORT							Pharmacy	10.4800	
94664 Demonstration and/or evaluati metered dose inhaler or IPPB d				oatient utilizat	ion of an aerosol generator,	Co.Pay	20.0000		
96372	ophylactic, or or intramuscula	or diagnostic injection (specify substance or drug); ular				Co.Pay	10.0000		
0005-149902- 1021	CLOFEN						Pharmacy	6.5000	
0005-111805- 1021	CHLOROHISTOL INJECTION	10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR					Pharmacy	1.2000	
0195-107704- 0802	CEFTRIAXONE-T	TABUK IM					Pharmacy	48.5000	
0125-122107- 1022	DEXAMETHASO	ONE SODIUM PHOSPHATE					Pharmacy	2.3400	
Code	Generic			Duration		Instructions			
0027- 128802- 1971	(XYLOMETAZOLIN	IE HYDROCHLO	ORIDE : 0	.1%) LIQUID FOR SPRAY (NASAL)		7	Take 1Puff 3 Time(s) per Day For 7 Day(s) others		
0006- 402804- 2481	(SALBUTAMOL(AS	SSULPHATE) : 2	2 MG/5N	ИL) SYRUP (SU	L) SYRUP (SUGAR FREE)		Take 5ML 3 Time(s) For 7 Day(s) others	Take 5ML 3 Time(s) per Day For 7 Day(s) others	
0005- 116801- 1161	,				CHLORIDE : 131.5 MG/5 ML) :: 13.5 MG/5ML) SYRUP 7		Take 5Tablets 3 Time(s) per Day For 7 Day(s) others		
0252- 389802- 1171	(PARACETAMOL :	500 MG) (PSE	UDOEPH	EDRINE HCL :	30 MG) TABLETS	5	Take 1Tablets 4 Time(s) per Day For 5 Day(s) others		
0139- 116206- 1171	6206- (CLAVULANIC ACID : 125 MG) (AMOXICII				LIN : 875 MG) TABLETS		Take 1Tablets 2 Time(s) per Day For 7 Day(s) others		
O Pharmacy:		Estmated Costs		O Laboratory / Radiology:		Estmated Costs			
		O Surgery:	Surgery:		○ Endoscopy:				
Is the following	required		Physiotherapy:		Other Procedures:				
				If yes please specify					
ls In-patient Reg	uired ? Length of Stay	V			Indicate Provider		Estimat	te Cost	
I hereby certfy	that all informaton r	mentoned are			norize any Healthcare Provid				
	ical services shown o ited & necessary for	-			nformaton regarding my me of determinina insurance be				
medically indicated & necessary for the management of this case.				the purpose of determining insurance benefts. Medical management is the sole responsibility of doctor and the patent.					
Treating Physician Name : Sajid Sanaullah									
Tel / Fax (importa	ant):								



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