eASOAP FORM



ADMINISTRATIV	Æ.	The member is al	llowed for Out Patient	at the	Irham I	Medical Cent	er Arjan	
Patent Name:	TAALIAH JAVAID LO JAVAID IQBAL LONE		Female	Validity Between:	04/10	04/10/2023 and 06/09/2024		
Card No:	9863-EBE2-4F59-8EB	DOB:	10/22/2000 12:00:00 AM	Coverage Informaton for:	Out Patient			
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)- MEDGULF			
Natonal ID:	784-2000-1848180-2	Service Date:	14-Dec-2023	Radiology:	Cove	red		
		Patent's Tel N	o: 0524395589					
Policy Holder:		Threshold Limit:						
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal					
		Out-Patent :						
Category:	Category B	Patent's File No:	38230	Pharmacy:	Co-Pa	art: 20%		
Gatekeeper:	No	Consultaton :		Laboratory:	Cove	red		
Referred Service: SUBJECTIVE AS:	SESSMENT							
Symptom(s) as	described by the pater	t (Chief Complaint):	Chief Complaint):			Date of Symptoms/illness started		
Complaint					DD	MM	YYYY	
severe funga	l infection and bacterial	infection of the um	bilicus since two weeks	started on 1/12/2023				
		T		Ta	Date of Symptoms/illness started			
Past Medical S	urgical History?		○ Yes	○ No	DD	MM	YYYY	
					D-4	f C	/:II	
Obs/Gyn Claims	S					MM	/illness started	
Para	Gravida:	AB: LMP: N	Marital Status:	Marital Date:	DD	1	1	
					1			
What date did th	e Patient first feel same /	similar Symptom(s) :	: dd mm yyyy					
Is the Patient un	der any type of Treatmer	it? O Yes O No i	if yes, indicate what Asso	essment and since when:				
OBJECTIVE / AS	SSESSMENT(To be com	pleted by Physician)						
Clinical Finding	gs :		Vital Signs : : 20	B/P:117 T:	36	HR : 8	8 RI	
Assessment/Di IND	agnosis : O Acute		○ Confirmed ○ Sus	pected				
Туре	Code	Diagnosis						
Primary	B35.5	Tinea imbricata						

Accident or illness due to work?

Ores Ono

Date of accident or beginning of illness:

Injury due to road accident or work related injury/illness occur:

Ores Ono

Date of accident or beginning of illness:

Oth local infections of the skin and subcutaneous tissue

ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury)

L08.89

Secondary

DHA NO: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

WILDICAL FLAN ICEIII	izeu Originai	invoices and Applicable	Prescriptions /	/ кероі	is / nesuits	illust be eliciosed	i to consider	Lidiiii
CPT Code Treatr		eatment		Туре				Price
9 CONSUL		JLTATION GP		General Consultation				25.0000
Code	Generic			Duration Instructions				
1142-128302- 0651 (MUPIROCIN (AS CALCIUM) : 20 MG			G/G) OINTMENT		7	Take 10intment 4 Time(s) per Day For 7 Day(s) others		
0186-140202- 1451 (FLUCONAZOLE : 50 MG) CAPSULES			S (HARD GELA	(HARD GELATIN) 7 Take 1Tablets 1 Tothers			Time(s) per Day For 7 Day(s)	
0207-214402- 0151	.02- (BETAMETHASONE : N/A) (CLOTRIN CREAM			Take 1Cream 3 T			Time(s) per Day For 7 Day(s) others	
O Pharmacy:		Estmated Costs		O Lal	aboratory / Radiology:		Estmated Costs	
○ Surgery:				O Endoscopy:				
Is the following required		O Physiotherapy:		Other Procedures:		1		
			, ,,		If yes please specify		1	
	01 11 10						,	F :: 1 0 1
Is In-patient Required ? Length of Stay I hereby certfy that all informaton mentoned are correct			Indicate Provider Estimate Co I hereby authorize any Healthcare Provider, Insurer, Employer or other Organiz					Estimate Cost
			release any informaton regarding my medical conditon and history to NEXtCARE for					
			the purpose of determining insurance benefts. Medical management is the sole					
			responsibility of doctor and the patent.					
Treating Physician Na	Treating Physician Name : Sajid Sanaullah							
Tel / Fax (important):								
Signature & Stamp Dr. Sajid Sanaullah Khai General Practitioner	Raj							

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 final opinion will be given by the NEXtCARE claims doctors.

Date: 14-Dec-2023

Note: Claims must be submited along with supportng documents within 30 days from date of service

Patient's Signature(Parent if minor)