Laboratory:

## **eASOAP FORM**



Covered

**ADMINISTRATIVE** The member is allowed for **Out Patient** at the Irham Medical Center Arjan **MISHRI LAL BAIRWA** Patent Name: Gender: Male Validity Between: 01/01/1900 and 31/12/2023 **BHANWARI LAL BAIRWA Coverage Information** 8/10/1965 12:00:00 Card No: 81A4-100B-1CF7-97BE DOB: **Out Patient** AM for: RN UAE (Al Ansari-AUH)-Pin #: Identty Card: Network: **MEDGULF** Natonal ID: Radiology: Service Date: 19-Dec-2023 Covered 784-1965-5720516-6 Patent's Tel No: 971566695128 Threshold Policy Holder: Limit: **ORIENT INSURANCE** Payer Name: Class: Normal P.J.S.C Out-Patent: Patent's File Category: **Category B** 41925 Pharmacy: **Co-Part: 20%** No:

Consultation:

## **SUBJECTIVE ASSESSMENT**

No

Gatekeeper:

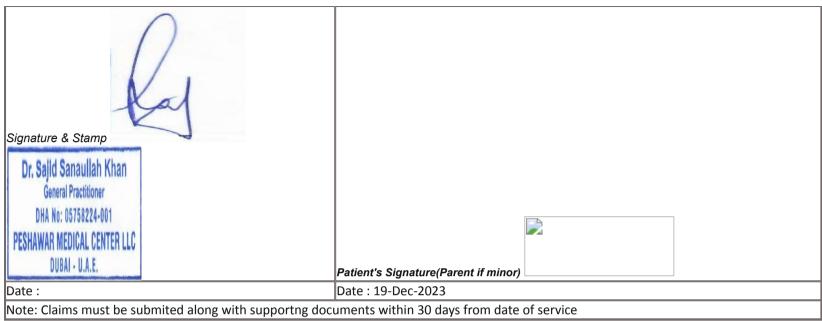
Referral No: Referred Service:

Symptom(s) as described by the patent (Chief Complaint):					Date of Symptoms/illness started		
Complaint	DD	MM	YYYY				
Red eye since yesterday after going outside some severe right leg pain and low back pain with scia							
Past Medical Surgical History?	○Yes	○ No	Date o	f Sympton	ns/illness started		

							DD	ММ	YYYY
Obs/Gyn Claims								of Symptoms/i	_
			LNAD	NA 't - 1 Ct - t		NA LD-L-	DD	MM	YYYY
☐ Para ☐ (	Gravida:	AB:	LMP:	Marital Status	<b>:</b>	Marital Date:			
l What date did the F	 Patient first feel sa	_l ame / similar :	Svmptom(s)	: dd mm vvvv		<u> </u>			
						ssment and since v	when:		
DBJECTIVE / ASS				• •					
Clinical Findings :	<u> </u>	completed by	, r nysician,		Vital Signs :	B/P: 148	T:36.2	HR : 86	RR
Assessment/Diag	nosis : O A		Chronic TOM	O Confirmed	d OSusp	ected			
Туре	Code	1	Diagnosis						
Primary	T15.90XA		Foreign body	y on external	eye, part un	sp, unsp eye, init			
Secondary	H10.521	,	Angular blepharoconjunctivitis, right eye						
Secondary	M54.5	ı	Low back pain						
Secondary	M54.41	ı	Lumbago wi	ımbago with sciatica, right side					
ACCIDENT/OCCUI	PATIONAL Claim	Informaton	(complete i	f claim is a re	sult of accid	lent or work relate	ed illness/in	iurv)	
Accident or illness			Injury due accident?			ow the accident or			occur:
○ Yes ○ No			○Yes ○	No					
Date of accident o	or beginning of il	lness:			1				
MEDICAL PLAN Ite	emized Original I	nvoices and	Applicable I	Prescriptions /	/ Reports / F	Results must be en	closed to co	nsider claim	
CPT Code	Treatment							Туре	Price
9	CONSULTATIO	DNSULTATION GP				General Consultation	25.0000		
65210		Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating			ons),	Co.Pay	50.0000		
96372	Therapeutic, prophylactic, or diagnostic injection (specific subcutaneous or intramuscular			pecify substa	ance or drug);		Co.Pay	10.0000	

		C	linicSoft 8.0 - N	NexiCare Form			
CPT Code	Treatment		Туре	Price			
0005-149902- 1021	CLOFEN		Pharmacy	6.5000			
0005-111805- 1021	CHLOROHISTOL	. 10MG	10MG Pharmac				
0125-122107- 1022	DEXAMETHASC	ONE SODIUM PHOSPHATE Pharmacy					2.3400
Code	Generic			Duration	Instructions		
0085-239201- 0371	(DEXAMETHA DROPS	(AMETHASONE : 0.10%) (TOBRAMYCIN : 0.3%) EYE PS			Take 1Drops 4 Time(s) per Day For 7 Day(s) others		
0152-149901- 0291	(DICLOFENAC	SODIUM : 1%) EMULGEL	6	Take 1Gel 3 Time(s) per Day For 6 Day(s) others			
4417-711202- 0391	(IBUPROFEN TABLETS	(AS L-ARGININE SALT) : 400 MG) FILN	6	Take 1Tablets 4 Time(s) per Day For 6 Day(s) others			
O Pharmacy: Estmated Costs O Laboratory / Radiology:		Estmated Costs					
Surgery: O Physiotherap		O Surgery:	○ Endoscopy:				
		O Physiotherapy:	Other Procedures:			]	
			If yes please specify				

Is In-patient Required ? Length of Stay	Indicate Provider	Estimate Cost
I hereby certfy that all informaton mentoned are correct	I hereby authorize any Healthcare Provider, Insurer, Employe	r or other Organizaton to
& that the medical services shown on this form were	release any informaton regarding my medical conditon and l	history to NEXtCARE for
medically indicated & necessary for the management of	the purpose of determining insurance benefts. Medical mand	agement is the sole
this case.	responsibility of doctor and the patent.	
Treating Physician Name : Sajid Sanaullah		
Tel / Fax (important):		



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