eASOAP FORM



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

Patent Name: SABAH SHAHID Gender: Female Validity Between: 01/01/1900 and 16/08/2024 Card No: BFAC-D627-1331-B633 DOB: 9/15/1999 12:00:00 AM Coverage Information for: Out Patient Pin #: Identty Card: Network: RN UAE (AI Ansari-AUH)-MEDGULF Natonal ID: 784-1999-8130576-8 Service Date: 15-Jan-2024 Radiology: Covered Patent's Tel No: 0554672683 Threshold Limit: Payer Name: ORIENT INSURANCE P.J.S.C Class: Normal Out-Patent: Patent's File 41702 Pharmacy: Co-Part: 20% Gatekeeper: No Consultation: Laboratory: Covered Referral No: Referred Service: SUBJECTIVE ASSESSMENT Symptom(s) as described by the patent (Chief Complaint): Date of Symptoms/illness state Complaint C/O FEVER , BODYACHES AND SORE THROAT SINCE YESTERDAY ON EXAMINATION PATIENT HAS HYPREMIC THROAT, ENLARGED TONSILS AND MILD CHEST CONGESTION Past Medical Surgical History? Yes No If yes, indicate what Assessment and since when: What date did the Patient first feel same / similar Symptom(s): id mm yyyy is the Patient under any type of Treatment? Yes No If yes, indicate what Assessment and since when: OBJECTIVE / ASSESSMENT(Tro be completed by Physician)										
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	ls the Patient un	der any type of Treatme	ent? O Ye	es O No if	yes, indica	ite what Asse	essment and since whe	n:		
Clinical Findings:	OBJECTIVE / A	SSESSMENT(To be con	npleted by	Physician)						
Vital Signs : B/P : 85 1 : 36.9 HR : 98	Clinical Findinç	gs:				Vital Signs : : 22	B/P: 85 T	: 36.9	HR:	98

		: 22
Assessment/Diagnosis : CINDICATE DIAGNOS	Acute O Chronic	○ Confirmed ○ Suspected
Туре	Code	Diagnosis
Primary	R50.9	Fever, unspecified
Secondary	J02.9	Acute pharyngitis, unspecified
Secondary	R05	Cough
Secondary	J20.9	Acute bronchitis, 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							

Type

Price

CPT Code

Treatment

							1		
9	CONSULTATION	N GP					General Consultation	25.0000	
96361	additional hour (List separately in addition to code				e Co.Pay	3.0000			
0102-100104- 1001	SODIUM CHLO SOLUTION FOR		(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%)				Pharmacy	4.5000	
0125-122107- 1022	DEXAMETHASO INJECTION	ATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR				R Pharmacy	2.3400		
0005-111805- 1021	RAMINE MALEATE : 10 MG/ML) SOLUTION FOR				Pharmacy	1.2000			
96365	Intravenous infinitial, up to 1 l	ophylaxis, or diagnosis (specify substance or drug);				Co.Pay	40.0000		
2190-106618- 1001	PARAFUSIV I.V.	AMOL : 10 MG,	/ML) SOI	UTION FOR	INFUSION	Pharmacy	8.4000		
85652	Sedimentation	rate, erythrocyte; aut	omated				Lab	8.0000	
86141	C-reactive prot	ein; high sensitivity (h	sCRP)				Lab	30.0000	
85027		omplete (CBC), autom	·	. RBC. W	BC and plat	elet count)	Lab	15.0000	
	2.000 000, 0		41.62	,, 5,	20 4.14 p.46	erect dourney	130	13.000	
Code	Generic				Duration	Instructions	;		
0205-123701- 0392	(CETIRIZINE H	HCL : 10 MG) FILM COA	ATED TABLETS		7	Take 1Tablets 1 others	Time(s) per Day For 7 Day(s)		
0096-106304- 0271	(ASCORBIC A TABLETS	CID (VITAMIN C) : 1 G)	EFFERVESCEN	ΙΤ	30	Take 1Tablets 1 others	. Time(s) per Day Fo	ime(s) per Day For 30 Day(s)	
0005-119805- 1173	(PREDNISOLO	ONE : 5 MG) TABLETS		7 Take 1Tablets 1 Tothers			Time(s) per Day For 7 Day(s)		
0009-127405- 0391	(AZITHROMY	'CIN : 500 MG) FILM CO	DATED TABLETS 7 Take 1Tablets 1 Tothers			. Time(s) per Day Fo	ime(s) per Day For 7 Day(s)		
O Pharmacy:				C Laboratory / Radiology:			Estmated Costs	stmated Costs	
		1		T .					
		O Surgery:		○ End	oscopy:				
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