eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the Irham Medical Center Arjan

Patent Name: Muhammad Ryyan Ali Gender: Male Validity Between: 15/06/2023 and 14/06/2024 **Coverage Information** 6/16/2023 12:00:00 Card No: 9E94-61EC-FF26-0CB3 DOB: **Out Patient** AM for: RN UAE (Al Ansari-AUH)-**Identty Card:** Pin #: Network: **MEDGULF** 784-2023-9262687-9 National ID: Service Date: 01-Mar-2024 Radiology: Covered Patent's Tel No: 0559700666 Threshold Policy Holder: Limit: **ORIENT INSURANCE** Payer Name: Class: Normal P.J.S.C Out-Patent: Patent's File Category: **Category B** 41500 Pharmacy: Co-Part: 20% No: Gatekeeper: Consultation: Laboratory: Covered No Referral No: Referred

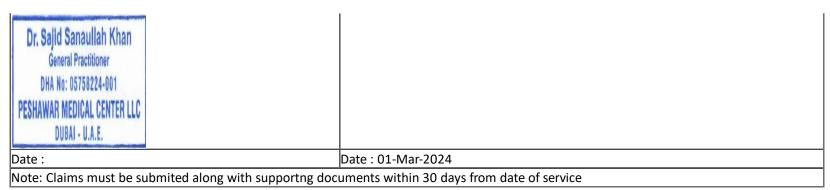
SUBJECTIVE ASSESSMENT

Service:

Symptom(s) as described by the patent (Chief Complaint):				Date of Symptoms/illness started			
Complaint		DD	MM	YYYY			
C/o: Fever, wet cough, running nose, now extremely profuse.							
Exam: Child is playful, with mild fever.							

Complaint	Complaint										
Chest: clinica	illy clear.										
Past Medical Surgical History?					ONo		Date of Symptoms/illness st				
Past ivieuicai s	urgical mistory	'f			O Yes		ONO		DD	MM	YYYY
									Date of	Symptoms	/illness started
Obs/Gyn Claims								DD	ММ	YYYY	
Para Gravida: AB: L		LMP:	ИР: Marital Status:		Marital Date:						
	he Patient first f										
ls the Patient u	nder any type of	f Treatme	ent? O Ye	s O No	if yes, indicat	te what Asse	ssment and sir	ice when:			
OBJECTIVE / A	ASSESSMENT(To be co	mpleted by	Physician)						
Clinical Findings :					Vital Signs : RR : 28	gns: B/P:0 T:37.8 HR:104					
Assessment/D INI	Diagnosis : DICATE DIAGN	OSIS NO) Chronic OM	O Confirm	ed O Sus	spected				
Туре		Code		Dia	gnosis						
Primary		100		Acı	Acute nasopharyngitis [common cold]						
Secondary		R50.9		Fev	Fever, unspecified						
Secondary		R09.8	31	Nas	Nasal congestion						
Secondary		R05		Cou	Cough						
Secondary		R06.7	•	Sne	Sneezing						
ACCIDENT/OC	CUPATIONAL C	Claim Inf	formaton (complete	if claim is a re	sult of accid	ent or work re	lated illne	ess/injur	y)	
				-	Injury due				-		
			to road	Describe how the accident or work related injury/illness occur:							
accident?											
I C) Yes C) No			O Yes								
Date of accident or beginning of illness:				-							
		-		Applicable	Prescriptions	 Reports R	esults must he	enclosed	to consi	der claim	
CPT Code		eatmen		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/ Reports / Results must be enclosed			Price		
II CF I COUE		caunen	it.			Туре				Price	

CPT Code	Treatment		Туре		Price			
9	CONSULTATION GP		General Consul	tation		25.0000		
Code	Generic		Duration Instructions					
0788-106604-1111	(PARACETAMOL : 120 MG/	5ML) SUSPENSION	5	Take 5ML 2 Time(s) per Day For 5 Day(s) after m				
1516-107904-1111	(IBUPROFEN : 100 MG/5M	L) SUSPENSION	5	Take 5ML 2 Time(s) per Day For 5 Day(s) after mea				
1086-123702-1381	(CETIRIZINE HCL : 1 MG/MI	L) SOLUTION (ORAL	.) 10	Take 3ML 1 Time(s) per Day For 10 Day(s) others				
0005-114501-2481	(AMBROXOL : 15 MG/5ML)) SYRUP (SUGAR FR	P (SUGAR FREE) 10 Take 5ML 2 Time((s) per Day For 10 Day(s) others		
O Pharmacy:	Estmated Costs		Caboratory / Radiology:			Estmated Costs		
		O Surgery:	Endoscopy:					
Is the following require	0 0	Other Procedure	s:					
	Physiotherapy: If v	es please specify						
		ļ <i>1</i>	о россов ор солу					
ls In-patient Required ? L	ength of Stay		Indicate Provide		Estimate Cost			
& that the medical serv	informaton mentoned are co ices shown on this form wer recessary for the manageme	re to release a ent of for the purp	ny informaton reg	garding my medical ng insurance benefts	conditon and	or other Organizaton I history to NEXtCARE Inagement is the sole		
Treating Physician Name	: Sajid Sanaullah							
Tel / Fax (important):								
Signature & Stamp	Las de la constant de	Patient's Sicr	nature(Parent if min	or)				



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