eASOAP FORM



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

Patent Name:	AHMED NABIL	Gender:	Male	Validity Between:	15/01/2024 and 14/01/2025			
Card No:	0748-83AB-CBF3-CC06	DOB:	8/6/1988 12:00:00 AM	Coverage Informaton for:	Out Patient			
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)- MEDGULF			
Natonal ID:	784-1988-0949495-2	Service Date:	05-Apr-2024	Radiology:	Covered			
		Patent's Tel No:	0567994771					
Policy Holder:		Threshold Limit:						
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal					
		Out-Patent :						
Category:	Category B	Patent's File No:	42866	Pharmacy:	Co-Part: 20%			
Gatekeeper:	No	Consultaton :		Laboratory:	Covered			
Referral No:								
Referred Service:								
SUBJECTIVE ASSI	FSSMENT							

SUBJECTIVE A	SSESSMENT												
Symptom(s) as described by the patent (Chief Complaint):										Date of Symptoms/illness started			
Complaint	D	D	MM	YYYY									
C/o: Running nose, headache, nasal discharge and nasal congestion, pain in throat and dry cough. Recurrent sneezing.													
there is no fever													
Symptoms s	ince yesterday.												
Past Medical S	Surgical History?		○Yes		○ No	-		Symptoms	1	arted			
			10 103		0 140	D	D	MM	YYYY				
							D	ate of	Symptoms	/illness st	arted		
Obs/Gyn Clain	ns						D	MM	YYYY				
Para	Gravida: AB:		LMP:	Marital Statu	ıs:	Marital Date:							
	he Patient first fee				•								
ls the Patient u	nder any type of T	reatment? O Y	es O No	if yes, indica	te what Asses	ssment and sinc	e when:						
OBJECTIVE / A	ASSESSMENT(To	be completed b	y Physician)										
Clinical Findir	igs :		Vital Signs: B/P:110 T:36.9 HR:72 : 20						RR				
Assessment/E IN	Diagnosis : C	Acute CSIS NOT SYMP	Chronic TOM	O Confirme	ed OSusp	ected							
Туре		Code	Diag	nosis									
Primary		J01.20	Acut	e ethmoidal s	al sinusitis, unspecified								
Secondary		100	Acut	e nasopharyn	ngitis [common cold]								
Secondary		J30.9	Aller	Allergic rhinitis, unspecified									
Secondary													
ACCIDENT/OC	CUPATIONAL Cla	im Informaton	(complete	if claim is a r	esult of accid	ent or work rela	ated illness	/inju	r y)				
Accident or ill	ness due to work	?	Injury due accident?	to road	Describe how the accident or work related injury/illness occur:					s occur:			
○ Yes ○ No	1	○ Yes ○	No										

Dr. Enomen Goodluck Ekata

Date :

or beginnir	ng of illn	iess:			7							
			l Applicable	Prescription	ns /	Reports / Results m	ust be encl	osed	to consider	r claim		
CPT Code Treatment				Туре					Price			
9 GP Consultation				Ge	neral Consultation			25.0000				
Generic					Duration	Instructions						
(PREDNIS	: 20 MG)	TABLETS			7		Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal					
9501- (MOMETASONE FUROATE (AS MONOH SUSPENSION FOR NASAL SPRAY					YDRATE) : 50 MCG/DOSE)				Take 1Spray 2 Time(s) per Day For 5 Day(s) others			
(IBUPRO	0 MG) TAI	BLETS				5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal			r		
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS							10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal			r	
O Pharmacy: Estmated Costs					O Laboratory / Radiology:				Estmated Costs			
○ Surgery:			Surgery:			O Endoscopy:						
Is the following required		O Physiotherapy:				Other Procedure	es:					
						If yes please specify						
le la patient Demissad 2 Langth of Ctay										Estimate Cost		
Is In-patient Required? Length of Stay					·							
& that the medical services shown on this form were					release any informaton regarding my medical conditon and history to NEXtCARE for							
1				the purpose of determining insurance benefts. Medical management is the sole								
this case.					responsibility of doctor and the patent.							
Treating Physician Name : Enomen Goodluck												
Tel / Fax (important):												
Signature & Stamp												
	Generic (PREDNIS (MOMET SUSPENS (IBUPRO (CETIRIZI (DIPHEN (PSEUDC) equired equired ered? Lengtat all informal services and & neces Name: Errit):	Generic (PREDNISOLONE (MOMETASONE I SUSPENSION FOR (IBUPROFEN : 40 (CETIRIZINE HCL (DIPHENHYDRAM (PSEUDOEPHEDR equired red ? Length of Stay at all information in all services shown of all services shown of all services shown of all services shown of the service	Generic (PREDNISOLONE : 20 MG) (MOMETASONE FUROATE SUSPENSION FOR NASAL S (IBUPROFEN : 400 MG) TAB (CETIRIZINE HCL : 10 MG) F (DIPHENHYDRAMINE : 25 N (PSEUDOEPHEDRINE : 30 N Estmated Surge Physic Physic red ? Length of Stay at all informaton mentoned all services shown on this formed & necessary for the mana Name: Enomen Goodluck t):	Treatment GP Consultation Generic (PREDNISOLONE : 20 MG) TABLETS (MOMETASONE FUROATE (AS MONOH SUSPENSION FOR NASAL SPRAY (IBUPROFEN : 400 MG) TABLETS (CETIRIZINE HCL : 10 MG) FILM COATEI (DIPHENHYDRAMINE : 25 MG) (PARACI (PSEUDOEPHEDRINE : 30 MG) FILM CO Estmated Costs Surgery: Physiotherapy: Physiotherapy: Orded ? Length of Stay at all informaton mentoned are correct all services shown on this form were and & necessary for the management of Name: Enomen Goodluck t):	Treatment GP Consultation Generic (PREDNISOLONE : 20 MG) TABLETS (MOMETASONE FUROATE (AS MONOHYDRATE) : 5 SUSPENSION FOR NASAL SPRAY (IBUPROFEN : 400 MG) TABLETS (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 5 (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLE Estmated Costs Surgery: Physiotherapy: Pred ? 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Ins. 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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 : 05-Apr-2024

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

Patient's Signature(Parent if minor)