eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the Irham Medical Center Arjan

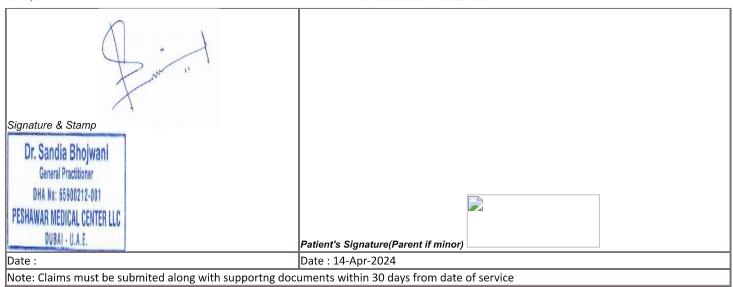
HANAE KHIAR YASSIN **Female** 22/08/2023 and 21/08/2024 Patent Name: Gender: Validity Between: AHMED 8/4/1985 12:00:00 Coverage Information BC14-6369-8BBA-08A8 Card No: DOB: **Out Patient** AM RN UAE (Al Ansari-AUH)-Pin #: **Identty Card:** Network: **MEDGULF** Natonal ID: 784-1985-1908571-0 Service Date: 14-Apr-2024 Radiology: Covered Patent's Tel No: 0509434507 Threshold Policy Holder: Limit: **ORIENT INSURANCE** Normal Payer Name: Class: P.J.S.C Out-Patent: Patent's File 39749 Pharmacy: Category: **Category B Co-Part: 20%** No: Gatekeeper: Consultation: Laboratory: Covered No

SUBJECTIVE ASSESSMENT

Referral No: Referred Service:

Symptom(s) as described by the patent (Chief Complaint)	Date of S	Date of Symptoms/illness started			
Complaint			DD	ММ	YYYY
patient is hypertensive. ran out of medicines					
on examinationchest is clear no congestion					
mild chest pain, usually while laying down not while walking					
Patient has complaints palpitations and dizzyness low blood sugar, checked at home with glucometer family history of diabetic father					
patient is not diabetic					
Past Medical Surgical History?	○Yes	○ No	Date of Symptoms/illness started		
i dat irredical adigical filatory:	○ 1E3		DD	ММ	YYYY
	Date of 9	 	Iness started		
Obs/Gyn Claims		1	YYYY		
			100	IVIIVI	1111

Para	Grav	ida:	□ АВ:	LMP:	Marital Status	:	Marital Dat	:e:			
What date did the Patient first feel same / similar Symptom(s) : dd mm yyyy											
Is the Patient	under any	type of Trea	atment? O Ye	s O No	if yes, indicate	e what Asses	sment and	since when:			
OBJECTIVE /	ASSESSI	MENT(To be	e completed by	Physician)							
Clinical Find	Clinical Findings :					/ital Signs : 18	B/P : 134	T:3	7	HR : 103	RR
Assessment/			Acute O	Chronic OM	O Confirmed	d OSuspe	ected				
Туре		Cod	de	Diagnosi	S						
Primary		ROZ	7.9	Chest pain, unspecified							
Secondary		I10	ı	Essential	(primary) hypo	ertension					
Secondary		Z76	5.0	Encounte	er for issue of r	epeat prescr	ription				
ACCIDENT/O	CCUPATIO	ONAL Claim	n Information	complete	if claim is a re	sult of accide	ent or work	related illne	ss/iniurv	·)	
ACCIDENT/OCCUPATIONAL Claim Informaton (complete if Accident or illness due to work? Injury due to accident?					Describe how the accident or work related injury/illness occur:					occur:	
○ Yes ○ N	0			○ Yes ○) No						
Date of accid	lent or be	ginning of i	illness:								
MEDICAL PLA	AN Itemize	ed Original	Invoices and <i>i</i>	Applicable	Prescriptions /	Reports / R	esults must	be enclosed	to consid	er claim	
CPT Code	Treatment						Туре		Price		
9	GP Consultation							Genera Consul		25.0000	
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report Co.Pay 30.000										30.0000
85652	Sedimentation rate, erythrocyte; automated Lab									8.0000	
86141	C-reactive protein; high sensitivity (hsCRP)							Lab		30.0000	
85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) Lab 15.0000									15.0000		
Code		Generic					Duration Instructions				
0137-2381 0391	.37-238102- (OLMESARTAN MEDOXOMIL : 20 M			иg) film coat	Take 1 Unit(s), 1 Time(s) per Day Day(s)			e(s) per Day	For 30		
					7.7			Estmated Costs			
O Pharmacy: Estmated Costs					,			Latinated			
Is the following required Surgery: Physioth			herapy: Othe		O Endoscopy:						
						ther Procedures:					
						If yes please	е ѕресіту				
Is In-patient R		*				Indicate Pro					nate Cost
			n mentoned a			•					rganizaton to
			n on this form for the manag		release any in the purpose o responsibility	f determinin	ig insurance	benefts. Me			
Treating Phys	ician Nam	e : SANDIA	L		, ,		,				
Tel / Fax (important):											



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.