eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the Irham Medical Center Arjan

ZONISH ASIM Patent Name: **Female** 10/04/2024 and 09/04/2025 Gender: Validity Between: **MUHAMMAD ASIM** Coverage Informaton 8/4/2019 12:00:00 Card No: 0AF4-B63D-6270-C1A9 DOB: **Out Patient** AM RN UAE (Al Ansari-AUH)-Pin #: Identty Card: Network: **MEDGULF** 01-May-2024 Covered Natonal ID: 784-2019-4701700-6 Service Date: Radiology: Patent's Tel No: 971527430328 Threshold Policy Holder: Limit: **ORIENT INSURANCE** Normal Payer Name: Class: P.J.S.C Out-Patent: Patent's File 41156 Category: **Category B** Pharmacy: Co-Part: 20% No: Gatekeeper: Consultation: Laboratory: Covered

SUBJECTIVE ASSESSMENT

Referral No: Referred Service:

Symptom(s) as described by the patent (Chief Complaint):				Date of Symptoms/illness started		
Complaint			DD	MM	YYYY	
patient developed fever yesterday afternnon. wet cough						
runny nose started in the morning yesterday.						
cough with sputum						
on examination congestion in chest						
no nasal congestion						
Past Medical Surgical History?	○Yes	○ No		Date of Symptoms/illness started		
a de inicalcal da gical i listory:			DD	MM	YYYY	
Ohs/Cun Claims				Cummatama /:1	lmann stauted	
Obs/Gyn Claims				Date of Symptoms/illness started		
			1			

OBJECTIVE / ASSESSMENT(To be completed by Physician) Clinical Findings: Vital Signs: B/P:0 T:37.1 HR:78 : 28 Assessment/Diagnosis:	V					
Is the Patient under any type of Treatment?	1					
Is the Patient under any type of Treatment?						
OBJECTIVE / ASSESSMENT(To be completed by Physician) Clinical Findings: Vital Signs: B/P:0 T:37.1 HR:78 : 28 Assessment/Diagnosis:						
Assessment/Diagnosis: Acute Chronic Confirmed Suspected INDICATE DIAGNOSIS NOT SYMPTOM Type Code Diagnosis Primary R50.9 Fever, unspecified Secondary R05 Cough ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury) Injury due to road accident or illness due to work? Injury due to road accident? Yes No Date of accident or beginning of illness: Prescriptions / Reports / Results must be enclosed to consider claim CPT Code Treatment Type Price 9 GP Consultation General Consultation 25.0000 Code Generic Duration Instructions 0005-114501-2481 (AMBROXOL: 15 MG/5ML) SYRUP (SUGAR FREE) 10 Take 1Syrup 2 Time(s) per Day For 10 Day(s) or 0005-114501-2481 (AMBROXOL: 120 MG/5ML) SYRUP 5 Take 1Syrup 2 Time(s) per Day For 5 Day(s) ot Pharmacy: Estmated Costs Surgery: Estmated Costs Is the following required Surgery: Estmated Costs Is the following required Informaton mentoned are correct of the medical services shown on this form were Procedures: If yes please specify I hereby authorize any Healthcare Provider, Insurer, Employer or other Organ release any Informaton regarding my medical condition and history to NEXEC.						
Assessment/Diagnosis: Acute Chronic Confirmed Suspected Acute Chronic Confirmed Suspected						
Type Code Diagnosis Primary R50.9 Fever, unspecified Secondary R05 Cough 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 occurs 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 CPT Code Treatment Type Price 9 GP Consultation General Consultation 25.0000 Code Generic Duration Instructions 0005-114501-2481 (AMBROXOL: 15 MG/5ML) SYRUP (SUGAR FREE) 10 Take 1Syrup 2 Time(s) per Day For 10 Day(s) or 0005-106604-1162 (PARACETAMOL: 120 MG/5ML) SYRUP 5 Take 1Syrup 2 Time(s) per Day For 5 Day(s) ot Pharmacy: Estmated Costs Daboratory / Radiology: Estmated Costs Surgery: Estmated Costs Surgery: Dendoscopy: Is the following required Physiotherapy: Other Procedures: If yes please specify Is In-patient Required? Length of Stay Indicate Provider Estimate Condition and history to NEXTCO. It hereby certfy that all informaton mentoned are correct of the release any informaton regarding my medical condition and history to NEXTCO.	RR					
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ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury) Accident or illness due to work?						
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 Date of accident or beginning of illness: MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim CPT Code Treatment Type 9 GP Consultation General Consultation 25.0000 Code Generic 0005-114501-2481 (AMBROXOL: 15 MG/5ML) SYRUP (SUGAR FREE) 0005-106604-1162 (PARACETAMOL: 120 MG/5ML) SYRUP 5 Take 1Syrup 2 Time(s) per Day For 10 Day(s) of Take 1Syrup 2 Time(s) per Day For 5 Day(s) of Take 1Syrup 2 Time(s) per Day For 10 Day(s) of Take 1Syrup 2 Time(s) per Day For 10 Day(s) of Take 1Syrup 2 Time(s) per Day For 10 Day(s) of Take 1Syrup 2 Time(s) per Day For 10 Day(s) of Take 1Syrup 2 Time(s) per Day For 10 Day(s) of Take 1Syrup 2 Time(s) per Day For 10 Day(s) of Take 1Syrup 2 Time(s) per Day For 10 Day(s) of Take 1Syrup 2 Time(s) per Day For 1						
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this case. responsibility of doctor and the patent.						
Treating Physician Name : SANDIA Tel / Fax (important):						
Tel / Fax (Important).						
The state of the s						
Signature & Stamp						
Dr. Sandia Bhojwani General Practitioner DHA No: 65900212-001 PESHAWAR MEDICAL CENTER LLC						
Patient's Signature(Parent if minor)						

Date : Date : 01-May-2024

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

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.