eASOAP FORM



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

Patent Name:	ANWAR AHMED	Gender:	Male	Validity Between:	24/04/2024 and 23/04/2025
Card No:	5762-BC44-1420-B98E	DOB:	4/10/1997 12:00:00 AM	Coverage Information for:	Out Patient
Pin #:		Identty Card:		Network:	RN UAE (Al Ansari-AUH)- MEDGULF
Natonal ID:	784-1997-3090361-6	Service Date:	02-May-2024	Radiology:	Covered
		Patent's Tel No:	0502558014		
Policy Holder:		Threshold Limit:			
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal		
		Out-Patent :			
Category:	Category B	Patent's File No:	42963	Pharmacy:	Co-Part: 20%
Gatekeeper:	No	Consultaton :		Laboratory:	Covered
Referral No: Referred Service:					

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):						Date o	Date of Symptoms/illness started			
Complaint						DD	MM	YYYY		
CO backache sever hailf hour before yellow colour urine oe pain in the lumber region sever in intensity tenderness present at this region										
FOLLOW UP PATIENT								-		
Past Medical Surgical History?						Date o	Date of Symptoms/illness started			
rast ivieuitai s	ourgical mistory	•			ves		ONO	DD	MM	YYYY
									12	
Obs/Gyn Clain	ns								Y .	s/illness started
				LMP:	NA-wital Ctatu		Marital Data	DD	MM	YYYY
☐ Para	☐ Gravida:		□ AB:	LIVIP:	Marital Statu	IS:	Marital Date:			
 What date did t	he Patient first f	eel sar	me / similar S	L Symptom(s)) : dd mm vvv	v				ļ
						•	ssment and since	when:		
					•					
OBJECTIVE / ASSESSMENT(To be completed by Physician) Clinical Findings: Vital Signs: B/P:118 T:3						T:36.4	HR:	67 RR		
Assessment/D IN	Diagnosis : DICATE DIAGNO	O Ac		Chronic OM	O Confirme	ed OSus	pected			
Туре		Code	e	Diagno	osis					
Primary			ack pain							
Secondary	·									
ACCIDENT/OC	CUPATIONAL C	laim I	nformaton	(complete	if claim is a r	esult of accid	dent or work rela	ted illness/inju	ıry)	
Accident or illness due to work?			Injury due accident?	Describe how the accident or work related injury/illn			injury/illne	ss 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										

CPT Code Treatm		nent Type				Price	
9	GP Cor		nsultation General Consultation				25.0000
Code	Generic	neric Duration Instructions					
0095- 238001- 0171	(DICLOFEN	IAC ACID	: 46.5MG) DISPERSIBLE TABLETS	7 p		Take 1Tablets 3 Time(s) per Day For 7 Day(s) others	
6616- 998901- 0251	(CITRIC AC	ID (ANHY	NATE BP : 1.77G) (SODIUM CITRA (DROUS) BP : 0.59 G) (TARTARIC G) EFFERVESCENT GRANULES	7		Take 1Syrup 3 Time(s) per Day For 7 Day(s) others	
O Pharmacy:			Estmated Costs	O Laboratory / Radiology:		Estmate	d Costs
Is the following required		O Surgery:	○ Endoscopy:				
		O Physiotherapy:	Other Procedures:				
			If yes please specify	If yes please specify			

ls In-patient Required ? Length of Stay	Indicate Provider	Estimate Cost		
I hereby certfy that all informaton mentoned are correct	I hereby authorize any Healthcare Provider, Insurer, En	nployer or other Organizaton to		
& that the medical services shown on this form were	release any informaton regarding my medical conditon and history to NEXtCARE for			
medically indicated & necessary for the management of	the purpose of determining insurance benefts. Medical management is the sole			
this case.	responsibility of doctor and the patent.			
Treating Physician Name : Humaira				
Tel / Fax (important):				
Signature & Stamp	Patient's Signature(Parent if minor)			
Date :	Date : 02-May-2024			
Note: Claims must be submited along with supportng doc	uments 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.