ASOAP FORM

NEXtCARE
Your Health Managed with Care

ADMINISTRATIVE The member is allowed for **Out-Patient** at the **Peshawar Medical Centre**

Patient Name:	ASMA IBRAHIM	Gender:	Female	Validity Between:	17/May/2022and16/May/2023
Card No:	57DEA0D3650AF5FF	DOB:	04/Jul/1998	Coverage Information for:	Out-Patient
Pin #:		Passport	DQ1022152	Network:	OP@PCP & SpRef @ RN3(F)(M) (S)
National ID:	784-1998-7929771-3	Service Date:	15-Jun-2022 07:37:02 PM	Radiology:	Co-Part: 20%
Regulator Member ID:	I013-002-118171744-01	Patient's Tel No:	971564024012		
Policy Holder:	ARKA GENERAL TRADING LLC	Threshold Limit:			
Payer Name:	INS013 - MetLife	Class:	B		
Category:	Default Category1	Out-Patient :			
Gatekeeper:	No	Patient's File No:		Pharmacy:	Co-Part: 30%
		Consultation : Co-Part: 20%		Laboratory:	Co-Part: 20%

Referral No:
Referred Service:

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patient (Chief Complaint): +4

23 yrs. G2P1+0. C/O Pregnancy 36 weeks. Excessive vaginal discharge + itching + Bad smell. x 10 days.

Date of Symptoms/illness started: DD MM YYYY

Past Medical Surgical History? ☐ YES ☐ NO

Date of Symptoms/illness started: DD MM YYYY

Obs/Gyn Claims

Date of Symptoms/illness started: DD MM YYYY

Para: 1 ☐	Gravida: 2 ☐	AB: 0 ☐	LMP:	Marital Status:	Marital Date:
					2/10/21 Married.

OBJECTIVE ASSESSMENT

Clinical Findings:		Vital Signs:	B/P		T		HR		RR	

Assessment / Diagnosis: ☐ Acute ☐ Chronic ☐ Confirmed ☐ Suspected

Indicate diagnosis not symptom

+4

1. Pregnancy 36 weeks. + Candidiasis of Vulva + Vagina.
2.

ACCIDENT/OCCUPATIONAL Claim Information (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	☐ YES ☐ NO	Consultation
Date of accident or beginning of illness: DD MM YYYY		

MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions/Reports/Results must be enclosed to consider the claim

☐ Pharmacy:	Estimated Costs	☐ Laboratory / Radiology:	Estimated Costs
✓		(1) USG 2nd Trimester. (2) CBC, RBS, Urine-R, Bld grp, (3) HIV I+II, HBsAg, VDRL, Rubella IgG, TSH. + HVS-C/S.	

Is the following required	☐ Surgery:	☐ Endoscopy:
	☐ Physiotherapy:	☐ Other Procedures: *If yes please specify*

Is In-patient Required? Length of stay days | Indicate Provider: | Estimated Cost:

Dr. Rekha Mathur
Specialist Obstetrics and Gynecology
DHA No: 00167982-005
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

I hereby certify that all information mentioned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case.

I hereby authorize any Healthcare Provider, Insurer, Employer or other Organization to release any information regarding my medical condition and history to NEXtCARE for the purpose of determining insurance benefits. Medical management is the sole responsibility of doctor and the patient.

Treating Physician Name:			
Tel / Fax (important):	*Date:* DD/MM/YYYY		
Signature & Stamp		*Patient's Signature (parent if minor)*	Date: DD MM YYYY

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