## **eASOAP FORM**



DMINISTRATIVI	E	The member	is allowed	for <b>Out Patient</b>		at the	Irham Medical Co	enter A	rjan		
Patent Name:	NAJBUL SHAIKH ILA UDDIN SHAIKH	.M Gender:	Gender: Ma		Validity Betw	Validity Between:		04/08/2021 and 03/08/2022			
Card No:	DD90-DF25-0D80-0BI	FO DOB:	10/1 AM	9/1989 12:00:00	Coverage Info for:	ormaton	Out Patient				
Pin #:		Identty Ca	ard:		Network:		RN UAE (Al An	sari-AU	н)-		
Natonal ID: Policy Holder:	784-1989-5926594-7	Service Da Patent's T Threshold	el No: <b>052</b>	Aug-2022 6771343	Radiology:		Covered				
		Limit:									
Payer Name:	MetLife	Class:	Noi	mal							
		Out-Pater	nt ·								
Category:	Category B	Patent's F		17	Pharmacy:		Co-Part: 20%				
Gatekeeper:	No	Consultat	on:		Laboratory:		Covered				
Referral No: Referred Service:											
SUBJECTIVE AS:	SESSMENT										
Selection of the Control of the Cont	described by the pate	nt (Chief Comple	aint):					Date			
								Symp		illness	
Complaint								DD	ММ	YYYY	
Works as wat	ch in building , no cigg	no alcohol , mile	d urine dro	ps leakage before	e and after peei	ng x 4-5 m	ionths		4_		
Past Medical S	urgical History?			O Yes		Оио		Date of Symptoms/illness started			
								DD	The second secon	YYYY	
Obs/Gyn Claim	ıs							Sym <sub>1</sub> start	otoms	/illness	
								DD	MM	YYYY	
Para	☐ Gravida:	☐ AB:	LMP:	Marital Status:		Marital D	ate:	_			
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And the second s	he Patient first feel same				ssessment and s	ince wher					
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	SSESSMENT(To be con	mpleted by Physic	cian)	Nital Ciana	D/D . 110	Т.	: 37 H	R : 72		RF	
Clinical Findin	gs :			: 20	s: B/P:110		: 5/	K: /2		N.	
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Assessment/D	iagnosis : O Acut		nic OC	onfirmed OS	uspected						
Assessment/D INI Type	DICATE DIAGNOSIS NO		Diagr		uspected	- A					
INI	DICATE DIAGNOSIS NO	OT SYMPTOM	Diagr								

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:

O Yes O 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						Туре	Price
9	CONSULTATION GP						General Consultation	25.0000
81001	ROUTINE EXAM	MINATION,	, URINE		*		Lab	8.0000
80051		nel This pa	nel must include t	he following: Carbon dioxide (82374), Chloride (82435),			Lab	30.0000
85025	Blood count; o		CBC), automated (	Hgb, Hct, RBC, V	VBC and platelet count) ar	Lab	20.0000	
		Conorio		Duration		Instructions		
Code		Generic		Duration				
	criptions History	Found	I		Tour way (Badial	Fs:	tmated Costs	
O Phari	macy:		Estmated Costs		O Laboratory / Radiol	ogy:	illiated costs	
			O Surgery:	O Endoscopy:	:			
s the fol	lowing required		O Physiotherapy:	O Other Proce	edures:			
				If yes please specify				
							E.U.	note Cost
I hereby correct &	certfy that all in that the medic	al services	mentoned are shown on this	release any int	Indicate Provider rize any Healthcare Provid formaton regarding my me	edical condition	oloyer or other Orga and history to NEXt	CARE for the
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