Authorized Claim Form No: C0019196906/1

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	03-Apr-2023 01:28	**Fax No**	2974343

Patient Information

Patient Name	MOHAMMAD SAJEDI	**Date Of Birth**	06-Feb-2013
Policy No.	P/05/1308/2022/501	**Expiry Date**	19-May-2023
Policy Holder	MOHAMMADKHALEDSAJEDI.	**Card No**	38EE-FC04-BA2C-E1CE
Product	IND-B(L:75K-D:20%-Ph30%-NM-OP@PCP/IP@RN3HexclAUH)NE-A-1yr-137103	**National ID**	784-2013-4368307-0
		Identity Card	784-2013-4368307-0
		Pin #	P/05/1308/2022/501

Medical Information

Consultation Date	02-Apr-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	02-Apr-2023
Physician Name	Dr Ghodstehrani Mohammadmahdi	**Physician Specialty**	Neonatology
Length Of Stay	0.0		
ER Triage	0		

Requested Services

Below Item (s) have been approved

Service Item	Description	Qty Claimed	Qty Approved	Remarks
9.01	Consultation GP - Free Follow Up in 7 days	1.0	1.0	
86141	C-reactive protein; high sensitivity (hsCRP)	1.0	1.0	
85651	Sedimentation rate, erythrocyte; non-automated	1.0	1.0	
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	1.0	0.0	M008: Waiting period not yet elapsed.
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	1.0	1.0	
0005-149902-1021	Clofen (Diclofenac Sodium [75 Mg/3ml]) Solution For Injection (5 X 3ml, Ampoule)	1.0	0.0	M008: Waiting period not yet elapsed.
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/Ml]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.0	M008: Waiting period not yet elapsed.
0195-107704-0802	Ceftriaxone-Tabuk (Ceftriaxone [1 G]) Powder For Injection (1 + 5ml, Vial + Solvent Ampoule)	1.0	1.0	

Estimated Cost (AED) : (75.95)

Authorization Notes

Authorization Form is valid until 02-May-2023

Disclaimer

1. NEXtCARE will only approve medical charges directly and strictly related to the case registered above. The final bill shall remain subject to billing rules, and to our auditing doctors' approval.
2. NEXtCARE hereby clearly reserves the right to decline any claim settlement due to misuse, abuse or tentative of fraud related either to the entry of the aforementioned information or to its trueness.
3. If you have any questions or require further information, please contact NEXtCARE Call Center on tel. no. 24 hours a day/7 days a week.
4. This form is subject to the terms, conditions, and procedures of the contract signed with NEXtCARE.