nextcare

Authorized Claim Form No: C0019207436/1

C0019207436/1

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	04-Apr-2023 03:01	**Fax No**	2974343

Patient Information

Patient Name	AREEBA AMIR ABBASI	**Date Of Birth**	01-Sep-1991
Policy No.	P/01/1305/2022/9849	**Expiry Date**	18-Apr-2023
Policy Holder	AREEBA AMIRABBASI AMIR JAVEDABBASI.	**Card No**	E9AA-E36E-FD68-CDD3
Product	INDIV-DMed-DHA(L150K-D20%-MT10%-Phr30%-OP@PCP/IP@RN3H)51925	**National ID**	784-1991-1865091-2
		Identity Card	784-1991-1865091-2
		Pin #	P/01/1305/2022/9849
		Regulator Member ID	I008-002-115630799-01

Medical Information

Consultation Date	04-Apr-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	04-Apr-2023
Physician Name	Dr Iqbal Tahniyat	**Physician Specialty**	General Medecine
Length Of Stay	0.0		
ER Triage	0		

Requested Services

Below Item (s) have been approved

Service Item	Description	Qty Claimed	Qty Approved	Remarks
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	1.0	1.0	
86140	C-reactive protein;	1.0	1.0	
9	Consultation GP	1.0	1.0	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	1.0	1.0	
0005-107704-0801	Triaxone (Ceftriaxone [1 G]) Powder For Injection (1 + 3.5ml, Vial + Solvent Ampoule)	1.0	0.0	Drug not listed in Formulary
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	1.0	1.0	
0002-100104-1001	Sodium Chloride & Dextrose (Dextrose/Sodium Chloride [5%|0.9%]) Solution For Infusion (500ml, Plastic Bottle)	1.0	0.0	Drug not listed in Formulary
2190-106618-1001	PARAFUSIV, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, SOLUTION FOR INFUSION (100ML X 10, GLASS VIAL), [IV	0.1	0.1	

Estimated Cost (AED) : (109.88)

Authorization Notes

Authorization Form is valid until 17-Apr-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.