

Authorized Claim Form No: EA0024779508/1

**On Behalf Of the Payer : Orient Insurance PJSC**

**Provider Name** Peshawar Medical Centre  
**Date & Time** 12-Apr-2023 02:48

**User Name** Mr Arjel Samia  
**Fax No** 2974343

**Patient Information**

**Patient Name** EHAB MAHMOUD HAMOUDA  
**Policy No.** P/01/1307/2019/2624/4  
**Policy Holder** EHAB MAHMOUD .HAMOUDA.  
**Product** Ind-Loc(L:150K-D:20%-Phr30%-1.5K-MAT10%-PCP-OPinClinics) 97812

**Date Of Birth** 16-Oct-1964  
**Expiry Date** 05-Mar-2024  
**Card No** E06B-88CC-4DAF-173A  
**National ID** 784-1964-7617374-3  
**Identity Card** 784-1964-7617374-3  
**Pin #** P/01/1307/2019/2624/1  
**Regulator Member ID** I008-002-113088157-01

**Medical Information**

**Consultation Date** 11-Apr-2023  
**Hospitalization Motive** Physical Illness  
**Physician Name** Dr Goodluck Ekata Enomen  
**Length Of Stay** 0.0  
**ER Triage** 0

**Family Of Benefits** Out-Patient  
**Admission Date** 11-Apr-2023  
**Physician Specialty** General Medecine

**Requested Services**

Below Item ( s ) have been approved

| Service Item | Description                                                                                                         | Qty Claimed | Qty Approved | Remarks |
|--------------|---------------------------------------------------------------------------------------------------------------------|-------------|--------------|---------|
| 9            | Consultation GP                                                                                                     | 1.0         | 1.0          |         |
| 84550        | Uric acid; blood                                                                                                    | 1.0         | 1.0          |         |
| 86140        | C-reactive protein;                                                                                                 | 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          |         |

Estimated Cost (AED) : (60)

**Authorization Notes**

Authorization Form is valid until 11-May-2023

Approved for Cons + 3 labs as per agreed NET tariff

**Disclaimer**

- 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.
- 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.
- 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.
- This form is subject to the terms, conditions, and procedures of the contract signed with NEXtCARE.