

Authorized Claim Form No: C0019246542/1



On Behalf Of the Payer: Orient Takaful P.J.S.C.

E-AUTHCONTROL **Provider Name** Peshawar Medical Centre **User Name**

Date & Time 12-Apr-2023 02:04 Fax No 2974343

Patient Information

Patient Name AHMED RAAFAT ABDELSALAM MOHAMED Date Of Birth 04-Jun-1980 Policy No. P-10-5080-5001-2023-1 **Expiry Date** 03-Apr-2024

Policy Holder OMNIYAT MIDDLE EAST INVESTMENTS AND **Card No** 5EC0-5945-655B-A461

National ID 784-1980-5375264-2 G-DHA-SME-Uni+(L:150K-D:20%Mx50-NM-SMO-**Product**

RN+EH/PH)CAT C-NM-271857 **Identity Card** 784-1980-5375264-2

> Regulator Member ID 1139-002-115037081-01

Medical Information

Consultation Date Out-Patient 11-Apr-2023 **Family Of Benefits Hospitalization Motive** Physical Illness **Admission Date** 11-Apr-2023 **Physician Specialty** General Medecine

Dr Goodluck Ekata Enomen Physician Name

Length Of Stay 0.0

ER Triage 0

Requested Services

Below Item (s) have been approved

Service Item	Description	Qty Claimed	Qty Approved	Remarks
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	1.0	1.0	
0005-111805-1021	Chlorohistol (Chlorpheniramine [10 Mg/Ml]) Solution For Injection (5 X 1ml, Ampoule)	0.2	0.2	
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/Ml]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.02	

Estimated Cost (AED): (13.54)

Authorization Notes

Authorization Form is valid until 11-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.