Authorized Claim Form No: C0019270064/1

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	Menna Karem
Date & Time	16-Apr-2023 01:49	**Fax No**	2974343

Patient Information

Patient Name	Tanima Khanom Brishty	**Date Of Birth**	10-Apr-1997
Policy No.	P/01/1305/2023/8697	**Expiry Date**	30-Mar-2024
Policy Holder	Tanima Khanom.Brishty.	**Card No**	5986-35C4-FE60-B487
Product	INDIV-DMed-DHA(L150K-D20%-MT10%-Phr30%-OP@PCP/IP@RN3H)51925	**National ID**	784-1997-7346526-7
		Identity Card	784-1997-7346526-7
		Pin #	P/01/1305/2023/8697
		Regulator Member ID	I008-002-119239687-01

Medical Information

Consultation Date	16-Apr-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Accidental Injury	**Admission Date**	16-Apr-2023
Physician Name	Dr Goodluck Ekata Enomen	**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
9	Consultation GP	1.0	1.0	
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	1.0	

Estimated Cost (AED) : (50.75)

Authorization Notes

Authorization Form is valid until 16-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.