

Authorized Claim Form No: C0019279586/1



On Behalf Of the Payer: Orient Insurance PJSC

 Provider Name
 Peshawar Medical Centre
 User Name
 Mr Rousel Romero

Patient Information

 Patient Name
 CATHERINE WAMUCII MWANGI
 Date Of Birth
 05-Nov-1992

 Policy No.
 P/01/1306/2022/40735
 Expiry Date
 05-Dec-2023

Policy Holder CATHERINE WAMUCII.MWANGI. Card No 5712-D1EE-018A-F1F1

IND Log E/L:150K D:200/ Ph/200/ MT100/ National ID 784-1992-3520680-4

 Product
 IND Loc-F(L:150K-D:20%-Phr30%-MT10%-OP@PCP/IP@RN3H) DHA-195528 (EMED) LSB
 National ID
 784-1992-3520680-4

 Identity Card
 784-1992-3520680-4

Pin # P/01/1306/2022/40735

Regulator Member ID 1008-002-118804502-01

Medical Information

Consultation Date17-Apr-2023Family Of BenefitsOut-Patient

Hospitalization MotiveAccidental InjuryAdmission Date17-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	
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface		1.0	

Estimated Cost (AED): (50)

Authorization Notes

Authorization Form is valid until 17-May-2023

Kindly provide etiology, any history of trauma where, when and how? profession of the member?

18-Apr-2023

Approved for consultation, dressing as per net agreed tariff

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.