Authorized Claim Form No: C0019321023/1

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	27-Apr-2023 09:37	**Fax No**	2974343

Patient Information

Patient Name	JILLIAN ANDREI TAMARA REFUNDO	**Date Of Birth**	02-Mar-2013
Policy No.	P/20/1305/2023/202	**Expiry Date**	29-Mar-2024
Policy Holder	JILLIAN ANDREI TAMARA REFUNDO	**Card No**	1AB6-F9A7-64BB-9874
Product	INDIV-DMed-DHA(L150K-D20%-NM-Phr30%-OP@PCP/IP@RN3H	**National ID**	784-2013-6095200-2
		Identity Card	784-2013-6095200-2
		Pin #	P/20/1305/2023/202
		Regulator Member ID	I008-002-119241033-01

Medical Information

Consultation Date	26-Apr-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	26-Apr-2023
Physician Name	Dr Ghodstehrani Mohammadmahdi	**Physician Specialty**	Neonatology
Length Of Stay	0.0		
ER Triage	0		

Requested Services

Below Item (s) have been approved

Service Item	Description	Qty Claimed	Qty Approved	Remarks
10	Consultation Specialist	1.0	1.0	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	1.0	1.0	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	1.0	1.0	
0002-100115-1001	Sodium Chloride & Dextrose (Dextrose/Sodium Chloride [5%|0.45%]) Solution For Infusion (500ml, Plastic Bottle)	1.0	0.0	Drug not listed in Formulary
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/Ml]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.0	Drug not listed in Formulary
0195-107704-0801	Ceftriaxone-Tabuk (Ceftriaxone [1 G]) Powder For Injection (1+10ml, Vial + Solvent Ampoule)	1.0	0.0	Drug not listed in Formulary
0046-149902-0511	Infla-Ban (Diclofenac Sodium [75 Mg/3ml]) Injection (5 X 3ml, Ampoule)	1.0	1.0	

Estimated Cost (AED) : (96.85)

Authorization Notes

Authorization Form is valid until 26-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.