nextcare

Authorized Claim Form No: EA0024973472/1

EA0024973472/1

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	27-Apr-2023 11:19	**Fax No**	2974343

Patient Information

Patient Name	ESHAN JONATHAN DE ALWIS ADAMBARAGE	**Date Of Birth**	25-Mar-2004
Policy No.	CPG/DHA-B/1/4/11071/2022	**Expiry Date**	29-Jun-2023
Policy Holder	AL AWAEL FOODSTUFF TRADING LLC (DHA)	**Card No**	556E-2ED4-78C9-22A1
Product	DHA B-F(L:150K-D:20%-Phr30%1.5K*-L&D20%-MT10%-OP@PCP/IP@RN3H) [BASIC PLAN] LSB-214914	**National ID**	784-2004-6442698-8
		Identity Card	N8982223
		Regulator Member ID	I008-002-118863482-01

Medical Information

Consultation Date	27-Apr-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	27-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
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	1.0	1.0	
9	Consultation GP	1.0	1.0	
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
0005-149902-1021	Clofen (Diclofenac Sodium [75 Mg/3ml]) Solution For Injection (5 X 3ml, Ampoule)	1.0	0.0	Drug not listed in Formulary
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) : (58)

Authorization Notes

Authorization Form is valid until 27-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.