

Authorized Claim Form No: EA0024973988/1



On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	User Name	E-AUTHCONTROL
Date & Time	27-Apr-2023 11:17	Fax No	2974343

Patient Information

Patient Name	USMAN CHAUDHRY	Date Of Birth	17-Dec-1984
Policy No.	CPG/DHA-E/1/4/12557/2022	Expiry Date	03-Sep-2023
Policy Holder	BEAUTY SOLUTIONS TRADING DMCC (DHA-E)	Card No	04A4-A2FF-0CD8-ACF0
Product	G-DHAH-F(150K-D20%Mx35-Phr20%3K-L&D20%-MT10%-IP@RN3H/OP@PCP+4Hosp.)DXB-Plan 7-NLSB	National ID	784-1984-3970805-2
		Identity Card	AK2850223
		Regulator Member ID	I008-002-118965126-01

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
9	Consultation GP	1.0	1.0	
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) : (48)

Authorization Notes

Authorization Form is valid until 27-May-2023

Disclaimer

- 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.
- 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.
- 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.
- This form is subject to the terms, conditions, and procedures of the contract signed with NEXtCARE.