Authorized Claim Form No: C0019326289/1

On Behalf Of the Payer : Dubai National Insurance and Reinsurance Co.(P.S.C.)

Provider Name	Peshawar Medical Centre	**User Name**	Mr Rajaneesh Papinwar
Date & Time	28-Apr-2023 04:30	**Fax No**	2974343

Patient Information

Patient Name	Shivansh Dash	**Date Of Birth**	18-Mar-2017
Policy No.	09/951/2022/300/NEX	**Expiry Date**	03-Oct-2023
Policy Holder	HOLIDAY INN & SUITES SCIENCE PARK L.L.C	**Card No**	6622-BF8C-AF62-EE5E
Product	G-DHA-SME2-Uni+(1M-D20%Mx50-Den20%-NM-SMO-Life-GN) OA/<20-(A NJ-NM) 252925	**National ID**	784-2017-3649648-6
		Identity Card	784-2017-3649648-6
		Regulator Member ID	I007-002-118736163-02

Medical Information

Consultation Date	27-Apr-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	27-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
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum	1.0	0.0	Not covered
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	1.0	1.0	
0006-124513-2071	Ventolin Nebules (Salbutamol [5 Mg/2.5ml]) Nebulizing Solution (20'S, Nebules)	1.0	1.0	
0188-135906-2441	Pulmicort (Budesonide [0.5 Mg/Ml]) Suspension For Nebulization (2ml X 20, Unit)	0.25	0.25	
0005-111805-1021	Chlorohistol (Chlorpheniramine [10 Mg/Ml]) Solution For Injection (5 X 1ml, Ampoule)	0.2	0.2	
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/Ml]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.02	
0195-107704-0802	Ceftriaxone-Tabuk (Ceftriaxone [1 G]) Powder For Injection (1 + 5ml, Vial + Solvent Ampoule)	1.0	1.0	

Estimated Cost (AED) : (138.93)

Authorization Notes

Authorization Form is valid until 27-May-2023

Approved for Meds as per 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.