

Authorized Claim Form No: C0019333423/1

**On Behalf Of the Payer : Orient Insurance PJSC**

Provider Name	Peshawar Medical Centre	User Name	E-AUTHCONTROL
Date & Time	01-May-2023 09:20	Fax No	2974343

Patient Information

Patient Name	Anchal Kanojia Darbari Lal	Date Of Birth	25-Mar-1991
Policy No.	CPG/NM/DXB/1/4/018243/2023	Expiry Date	01-Apr-2024
Policy Holder	THE S HOTEL ALBARSHA L.L.C	Card No	2AF9-7B4E-FB81-9416
Product	DHA-SME2-Uni+(1M-D20%Mx50-NM-SMO-Life-RN) (NLSB) EX-NM 235622	National ID	784-1991-3943710-9
		Identity Card	784-1991-3943710-9
		Regulator Member ID	I008-002-113287565-01

Medical Information

Consultation Date	29-Apr-2023	Family Of Benefits	Out-Patient
Hospitalization Motive	Physical Illness	Admission Date	29-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	
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	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	
0046-149902-0511	Infla-Ban (Diclofenac Sodium [75 Mg/3ml]) Injection (5 X 3ml, Ampoule)	1.0	1.0	
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/MI]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.02	

Estimated Cost (AED) : (87.84)

Authorization Notes

Authorization Form is valid until 29-May-2023

Disclaimer

- NEXICARE 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.
- NEXICARE 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 NEXICARE 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 NEXICARE.