

Authorized Claim Form No: C0019349682/1



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	04-May-2023 08:41	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	01-May-2023	Family Of Benefits	Out-Patient
Hospitalization Motive	Physical Illness	Admission Date	01-May-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	
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum	1.0	1.0	
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	
0188-135906-2441	Pulmicort (Budesonide [0.5 Mg/Ml]) Suspension For Nebulization (2ml X 20, Unit)	0.25	0.25	
0006-124513-2071	Ventolin Nebules (Salbutamol [5 Mg/2.5ml]) Nebulizing Solution (20'S, Nebules)	1.0	1.0	

Estimated Cost (AED) : (218.73)

Authorization Notes

Authorization Form is valid until 31-May-2023

Approved

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.