

Authorized Claim Form No: EA0025058101/4



On Behalf Of the Payer : Orient Insurance PJSC Worldwide E-Rx

Provider Name	Peshawar Medical Centre	User Name	E-AUTHCONTROL
Date & Time	04-May-2023 02:27	Fax No	2974343

Patient Information

Patient Name	Ahmad Salem Khaleel Alkhatib	Date Of Birth	14-Mar-1989
Policy No.	65733	Expiry Date	01-Feb-2024
Policy Holder	Goody Middle East FZE - Dubai	Card No	5487-CFEB-0E2E-FE0F
Product	Univ(\$5M-D:10%mx\$14-DEN-Opt-Repat-SN)263745	National ID	784-1989-5193839-2
		Identity Card	784-1989-5193839-2
		Pin #	6069177
		Regulator Member ID	I008-002-116618723-01

Medical Information

Consultation Date	02-May-2023	Family Of Benefits	Out-Patient
Hospitalization Motive	Physical Illness	Admission Date	02-May-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	

Estimated Cost (AED) : (22.5)

Authorization Notes

Authorization Form is valid until 01-Jun-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.