

Authorized Claim Form No: C0019374297/2



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

 Provider Name
 Peshawar Medical Centre
 User Name
 E-AUTHCONTROL

Patient Information

Patient NameJireh Caleb MercadoDate Of Birth19-Nov-2020Policy No.64768Expiry Date01-Jan-2024

Policy Holder Cummins Arabia FZCO - Dubai Card No 5705-3EBC-64BD-0EEB

National ID 784-2020-6586381-7

Product Univ(\$500K-D:15%mx\$20-DEN-Repat-CN)260734 Identity Card 784-2020-6586381-7

Pin # 6720154

Regulator Member ID 1008-002-116799974-01

Medical Information

Consultation Date05-May-2023Family Of BenefitsOut-PatientHospitalization MotivePhysical IllnessAdmission Date05-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 |
|------------------|---|----------------|-----------------|---------|
| 0005-149902-1021 | Clofen (Diclofenac Sodium [75 Mg/3ml]) Solution For Injection (5 X 3ml, Ampoule) | 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 | |
| 0195-107704-0801 | Ceftriaxone-Tabuk (Ceftriaxone [1 G]) Powder For Injection (1+10ml, Vial + Solvent Ampoule) | 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 | |
| 10 | Consultation Specialist | 1.0 | 1.0 | |

Estimated Cost (AED): (161.59)

Authorization Notes

Authorization Form is valid until 04-Jun-2023

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.