Authorized Claim Form No: EA0025178154/1

On Behalf Of the Payer : Abu Dhabi National Insurance Company - UAE

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	10-May-2023 11:24	**Fax No**	2974343

Patient Information

Patient Name	MUHAMMED SAHAL	**Date Of Birth**	26-Oct-2005
Policy No.	12149-14002	**Expiry Date**	17-Jan-2024
Policy Holder	GRAND CITY MALL LLC	**Card No**	E1FD-F146-8E08-3E52
Product	G-DHA-Bas-F(150K-D20%mx25-Phr5K-MT10% RN3/OP@Cli(refTOB) DXB (A) 263920	**National ID**	784-2005-9168642-1
		Identity Card	784-2005-9168642-1
		Regulator Member ID	I017-002-115623536-01

Medical Information

Consultation Date	10-May-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	10-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
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	
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	1.0	1.0	
2190-106618-1001	PARAFUSIV, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, SOLUTION FOR INFUSION (100ML X 10, GLASS VIAL), [IV	0.1	0.1	
9	Consultation GP	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	

Estimated Cost (AED) : (129.24)

Authorization Notes

Authorization Form is valid until 09-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.