Authorized Claim Form No: C0019403569/1

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	Mara YecYec
Date & Time	10-May-2023 12:18	**Fax No**	2974343

Patient Information

Patient Name	MATEO LUCAS MAMARADLO TAYAG	**Date Of Birth**	23-Jan-2023
Policy No.	P/01/1305/2023/11962	**Expiry Date**	08-May-2024
Policy Holder	MATEO LUCAS.MAMARADLO TAYAG.	**Card No**	457A-93B0-B80B-C168
Product	INDIV-DMed-DHA(L150K-D20%-NM-Phr30%-OP@PCP/IP@RN3H	**National ID**	784-2023-7801395-1
		Identity Card	784-2023-7801395-1
		Pin #	P/01/1305/2023/11962
		Regulator Member ID	I008-002-119368922-01

Medical Information

Consultation Date	10-May-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	10-May-2023
Physician Name	Dr 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
0006-124513-2071	Ventolin Nebules (Salbutamol [5 Mg/2.5ml]) Nebulizing Solution (20'S, Nebules)	1.0	1.0	
0188-135906-2441	Pulmicort (Budesonide [0.5 Mg/Ml]) Suspension For Nebulization (2ml X 20, Unit)	0.25	0.25	
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	1.0	1.0	
10	Consultation Specialist	1.0	1.0	

Estimated Cost (AED) : (109.82)

Authorization Notes

Authorization Form is valid until 09-Jun-2023

Approved for cons, meds as per agreed net tariff

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.