Authorized Claim Form No: EA0025228274/2

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	15-May-2023 02:03	**Fax No**	2974343

Patient Information

Patient Name	Daniel Shirran	**Date Of Birth**	10-Dec-1973
Policy No.	P/01/1307/2022/14347	**Expiry Date**	20-Jul-2023
Policy Holder	DanielChristopherShirran.	**Card No**	4771-303A-F6DC-7A6A
Product	Ind-Loc(L:150K-D:20%-Phr30%-1.5K-MAT10%-PCP-OPinClinics) 97812	**National ID**	784-1973-1519032-8
		Identity Card	784-1973-1519032-8
		Pin #	P/01/1307/2022/14347
		Regulator Member ID	I008-002-118323234-01

Medical Information

Consultation Date	13-May-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	13-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	
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	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	
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	1.0	1.0	
0195-107704-0801	Ceftriaxone-Tabuk (Ceftriaxone [1 G]) Powder For Injection (1+10ml, Vial + Solvent Ampoule)	1.0	0.0	Drug not listed in Formulary
2190-106618-1001	PARAFUSIV, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, SOLUTION FOR INFUSION (100ML X 10, GLASS VIAL), [IV	0.1	0.1	

Estimated Cost (AED) : (69.88)

Authorization Notes

Authorization Form is valid until 12-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.