

Authorized Claim Form No: C0019467531/1

**On Behalf Of the Payer : Orient Insurance PJSC**

Provider Name Peshawar Medical Centre
Date & Time 20-May-2023 03:48

User Name E-AUTHCONTROL
Fax No 2974343

Patient Information

Patient Name MOHSIN ALI
Policy No. P/01/1306/2022/21424
Policy Holder MOHSIN.ALI.
Product IND Loc-F(L:150K-D:20%-Phr30%-MT10%-OP@PCP/IP@RN3H) DHA-195528 (EMED) LSB

Date Of Birth 01-Jan-1993
Expiry Date 22-Jun-2023
Card No ECF2-357C-3CFC-A92C
National ID 784-1993-3451947-9
Identity Card 784-1993-3451947-9
Pin # P/01/1306/2022/21424
Regulator Member ID I008-002-118216374-01

Medical Information

Consultation Date 20-May-2023
Hospitalization Motive Physical Illness
Physician Name Dr Goodluck Ekata Enomen
Length Of Stay 0.0
ER Triage 0

Family Of Benefits Out-Patient
Admission Date 20-May-2023
Physician Specialty General Medecine

Requested Services

Below Item (s) have been approved

Service Item	Description	Qty Claimed	Qty Approved	Remarks
9	Consultation GP	1.0	1.0	
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval	1.0	1.0	

Estimated Cost (AED) : (35)

Authorization Notes

Authorization Form is valid until 19-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.