View Claim

JUDITH ACHIENG . ALIWAH
Orient Insurance PJSC
74E141EAE2A97F4F

Gender: Female
Date Of Birth: 22-11-1980

National ID: 784-1980-1960251-9
Pin:
Identity Card: 784-1980-1960251-9
Regulator Member ID: I008-002-115440964-02

Type: Chronic Out

Policy Holder: STRIVE RESIDENTIAL SERVICES FZE (DHA)
Policy Number: CPG/DHA-B/40/4/11042/2022
Validity Between: 14-06-2022 and 13-06-2023

Service Date
24-05-2023 19:07:08

Medical Report and bill to NEXtCARE

EA0025403074/2

Authorized

Print Authorization Form (ReportsViewer.aspx?Claimid=23837162-25-2&PinNo=&PayerID=63&name=rptAuthorization.rpt) | Dispense | Modify | Void

Medical Information

Physician:
Sumaiya . Galib - General Medecine - DHA-P-47060439

Consultation Date:
24-05-2023

Length Of Stay:
0

ESI :
0

Diagnosis:
G43.019 Migraine without aura, intractable, without status migrainosus more

Family Of Cause:
Physical Illness

Cause :
to be specified under assessment

Services | Precert Terms & Conditions | Attachments | Claim TAT

Requested Estimated Cost:
50.50

Estimated Cost:
40.85

Invoice Number:
DHA-F-0047965-23837162-25-2

Currency:
AED

Items List

Display 10 records

Search: Export to Excel

Item Code	Item Description	Service	Qty Claimed	Qty Approved	Package Unit	Unit Price	Total Approved	Discount	Patient Share	Payer Share	Adjustment Reason	Daily Dosage	Period of Treatment (days)	Tooth Number	Tooth Area
9	Consultation GP	Evaluation and Management	1	1		25	25	0	5	20		0	0		0
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	Medicine	1	1		10	10	0	0	10		1	1		0
0046-149902-0511	Infla-Ban (Diclofenac Sodium [75 Mg/3ml]) Injection (5 X 3ml, Ampoule)	Pharmacy and Vaccinations	1	1	Box	15.5	15.5	0	4.65	10.85		1	1		0

Showing 1 to 3 of 3 entries

Previous 1 Next

Net Claimed:
40.85

Total Approved:
50.50

Patient Share:
9.65

Payer Share:
40.85