

Authorized Claim Form No: C0019531558/1



On Behalf Of the Payer: Orient Insurance PJSC

Peshawar Medical Centre E-AUTHCONTROL **Provider Name User Name** 

Date & Time 30-May-2023 03:02 Fax No 2974343

**Patient Information** 

**Product** 

**Patient Name** ALIZAY SHAHZAD Date Of Birth 22-Nov-2020 P/01/1305/2022/3958/1 Policy No. **Expiry Date** 07-Feb-2024

Policy Holder ALIZAY.SHAHZAD. **Card No** 906B-3EFC-D1F8-3F59

National ID 784-2020-3805662-2 INDIV-DMed-DHA(L150K-D20%-NM-Phr30%-

> OP@PCP/IP@RN3H 784-2020-3805662-2 **Identity Card**

Pin# P/01/1305/2022/3958 1008-002-119066734-01 Regulator Member ID

**Medical Information** 

Consultation Date Out-Patient 30-May-2023 **Family Of Benefits** 

**Hospitalization Motive** Physical Illness **Admission Date** 30-May-2023 Neonatology

Physician Name Dr Ghodstehrani Mohammadmahdi **Physician Specialty** 

Length Of Stay 0.0

**ER Triage** 0

## **Requested Services**

Below Item (s) have been approved

Service Item	Description	Qty Claimed	Qty Approved	Remarks
10	Consultation Specialist	1.0	1.0	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	1.0	1.0	
0005-150403-1021	Premosan (Metoclopramide [10 Mg/2ml]) Solution For Injection (5 X 2ml, Ampoule)	0.2	0.0	Drug not listed in Formulary
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/Ml]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.0	Drug not listed in Formulary
0195-107704-0802	Ceftriaxone-Tabuk (Ceftriaxone [1 G]) Powder For Injection (1 + 5ml, Vial + Solvent Ampoule)	1.0	0.0	Drug not listed in Formulary

**Estimated Cost** (AED): (46)

## **Authorization Notes**

Authorization Form is valid until 29-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.
- 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.
- 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.