View Claim

Home (ClaimRegistration2.aspx) / **View Claim**

Mohammed H K . Abubaker

Orient Insurance PJSC

F73FA3AA0907A77C

Gender:	**Male**
Date Of Birth:	**26-08-1994**

National ID:	**784-1994-0576260-2**
Pin:	**P/01/1306/2022/35633**
Identity Card:	**784-1994-0576260-2**
Regulator Member ID:	**I008-002-118655179-01**

Type: **Out-Patient**

Policy Holder:	Mohammed H K.Abubaker.
Policy Number:	P/01/1306/2022/35633
Validity Between:	23-10-2022 and 22-10-2023

Service Date

30-05-2023 15:53:58

⚠ Medical Report and bill to NEXtCARE

C0019532202/1

Authorized

Print Authorization Form (ReportsViewer.aspx?Claimid=26805996-7-1&PinNo=P/01/1306/2022/35633&PayerID=63&name=

Dispense

Modify

Void

Medical Information

Physician:

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

Consultation Date:

30-05-2023

Length Of Stay:

0

ESI :

0

Diagnosis:

J06.9 Acute upper respiratory infection, unspecified more

Family Of Cause:

Physical Illness

Cause :

to be specified under assessment

Requested Estimated Cost:

36.20

Estimated Cost:

30.84

Invoice Number:

DHA-F-0047965-26805996-7-1

Currency:

AED

Items List

Export to Excel

Display 10 records

Search:

Item Code	Item Description	Service	Qty Claimed	Qty Approved
9	Consultation GP	Evaluation and Management	1	
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	Medicine	1	
0005-111805-1021	Chlorohistol (Chlorpheniramine [10 Mg/Ml]) Solution For Injection (5 X 1ml, Ampoule)	Pharmacy and Vaccinations	0.2	

Showing 1 to 3 of 3 entries

Previous 1 Next

Net Claimed:
30.84

Total Approved:
36.20

Patient Share:
5.36

Payer Share:
30.84