Authorized Claim Form No: EA0025495393/2

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	30-May-2023 08:48	**Fax No**	2974343

Patient Information

Patient Name	SHAHZADI SARWAT	**Date Of Birth**	01-Jan-1970
Policy No.	P/01/1306/2023/4098	**Expiry Date**	01-Feb-2024
Policy Holder	SHAHZADI .SARWAT.	**Card No**	4D65-0EFF-8B4D-3A1B
Product	IND Loc-F(L:150K-D:20%-Phr30%-MT10%-OP@PCP/IP@RN3H) DHA-195528 (EMED) LSB	**National ID**	784-1970-5750870-3
		Identity Card	784-1970-5750870-3
		Pin #	P/01/1306/2023/4098
		Regulator Member ID	I008-002-119015520-01

Medical Information

Consultation Date	30-May-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	30-May-2023
Physician Name	Dr Galib Sumaiya	**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	
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	2.0	1.0	Excess in quantity
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
2190-106618-1001	PARAFUSIV, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, SOLUTION FOR INFUSION (100ML X 10, GLASS VIAL), [IV	0.1	0.1	
0046-149902-0511	Infla-Ban (Diclofenac Sodium [75 Mg/3ml]) Injection (5 X 3ml, Ampoule)	1.0	1.0	

Estimated Cost (AED) : (46.73)

Authorization Notes

Authorization Form is valid until 29-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.