Authorized Claim Form No: C0019567369/1

## On Behalf Of the Payer : Al Sagr National Ins. Co.

| | | | |
|---|---|---|---|
| **Provider Name** | Peshawar Medical Centre | **User Name** | E-AUTHCONTROL |
| **Date & Time** | 05-Jun-2023 12:11 | **Fax No** | 2974343 |

## Patient Information

| | | | |
|---|---|---|---|
| **Patient Name** | Kristina Chibieva | **Date Of Birth** | 11-Aug-1993 |
| **Policy No.** | SH593023000041 | **Expiry Date** | 23-May-2024 |
| **Policy Holder** | WURTH GULF FZE | **Card No** | 006E-E366-154C-61E1 |
| **Product** | G-CON-Bas(L:3000k-D:20%Mx50-MT10%-Den&OPt20%-RN+AL ZAHRA&Gargash Hos)DHA-278500(C-EX MT) | **National ID** | 784-1993-2932050-3 |
| | | **Identity Card** | 784-1993-2932050-3 |
| | | **Regulator Member ID** | I011-002-113191370-01 |

## Medical Information

| | | | |
|---|---|---|---|
| **Consultation Date** | 05-Jun-2023 | **Family Of Benefits** | Out-Patient |
| **Hospitalization Motive** | Physical Illness | **Admission Date** | 05-Jun-2023 |
| **Physician Name** | Dr Ali Syeda | **Physician Specialty** | Obstetrics and Gynecology |
| **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 | |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete | 1.0 | 1.0 | |

Estimated Cost (AED) : (120)

## Authorization Notes

Authorization Form is valid until 05-Jul-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.