Authorized Claim Form No: EA0025738137/1

## On Behalf Of the Payer : Orient Insurance PJSC

| | | | |
|---|---|---|---|
| **Provider Name** | Peshawar Medical Centre | **User Name** | E-AUTHCONTROL |
| **Date & Time** | 15-Jun-2023 03:02 | **Fax No** | 2974343 |

## Patient Information

| | | | |
|---|---|---|---|
| **Patient Name** | IDREES KURD ABDUL GHAFOOR | **Date Of Birth** | 03-Aug-1998 |
| **Policy No.** | CPG/DHA-B/1/3/20029/2023 | **Expiry Date** | 15-Jun-2024 |
| **Policy Holder** | BEST VALUE CAR RENTAL L.L.C (DHA-B) | **Card No** | D2C6-5A27-2445-871E |
| **Product** | DHA B-F(L:150K-D:20%-Phr30%1.5K*-L&D20%-MT10%-OP@PCP/IP@RN3H) [BASIC PLAN] LSB-214914 | **National ID** | 784-1998-5298532-6 |
| | | **Identity Card** | 784-1998-5298532-6 |
| | | **Regulator Member ID** | I008-002-117686032-03 |

## Medical Information

| | | | |
|---|---|---|---|
| **Consultation Date** | 15-Jun-2023 | **Family Of Benefits** | Out-Patient |
| **Hospitalization Motive** | Physical Illness | **Admission Date** | 15-Jun-2023 |
| **Physician Name** | Dr Goodluck Ekata Enomen | **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 | |
| 96360 | Intravenous infusion, hydration; initial, 31 minutes to 1 hour | 1.0 | 1.0 | |
| 96375 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug | 1.0 | 1.0 | |
| 2190-106618-1001 | PARAFUSIV, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, SOLUTION FOR INFUSION (100ML X 10, GLASS VIAL), [IV | 0.1 | 0.1 | |
| 0195-107704-0801 | Ceftriaxone-Tabuk (Ceftriaxone [1 G]) Powder For Injection (1+10ml, Vial + Solvent Ampoule) | 1.0 | 0.0 | Drug not listed in Formulary |
| 0005-242802-0781 | Pantonix I.V. (Pantoprazole (As Sodium) : 40 Mg) Powder For Infusion Pantoprazole (As Sodium) [40 Mg] Powder For Infusion (1'S, Glass Vial) Roa053 Iv | 1.0 | 1.0 | |

Estimated Cost (AED) : (76.53)

## Authorization Notes

Authorization Form is valid until 15-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.