Authorized Claim Form No: C0019640094/3

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	Menna Karem
Date & Time	16-Jun-2023 10:49	**Fax No**	2974343

Patient Information

Patient Name	MALAK MOHAMMAD BASIL DARAGHAMI	**Date Of Birth**	22-Apr-2019
Policy No.	P/01/1305/2022/25392	**Expiry Date**	21-Oct-2023
Policy Holder	MALAK MOHAMMAD BASIL.DARAGHAMI.	**Card No**	D055-109E-6B26-C8E2
Product	INDIV-DMed-DHA(L150K-D20%-NM-Phr30%-OP@PCP/IP@RN3H	**National ID**	784-2019-0415069-1
		Identity Card	784-2019-0415069-1
		Pin #	P/01/1305/2022/25392
		Regulator Member ID	I008-002-113055559-01

Medical Information

Consultation Date	16-Jun-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	16-Jun-2023
Physician Name	Dr Ghodstehrani Mohammadmahdi	**Physician Specialty**	Neonatology
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	
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	1.0	1.0	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	1.0	1.0	
0005-111805-1021	Chlorohistol (Chlorpheniramine [10 Mg/Ml]) Solution For Injection (5 X 1ml, Ampoule)	0.2	0.2	
0006-124513-2071	Ventolin Nebules (Salbutamol [5 Mg/2.5ml]) Nebulizing Solution (20'S, Nebules)	1.0	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
0188-135906-2441	Pulmicort (Budesonide [0.5 Mg/Ml]) Suspension For Nebulization (2ml X 20, Unit)	0.25	0.25	
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) : (103.51)

Authorization Notes

Authorization Form is valid until 16-Jul-2023

Kindly provide medical report/ASOAP form with presenting signs and symptoms onset and duration with DD/MM/YYYY for further evaluation
Thank you

approved cons, meds, inj charge as per net agreed tariff

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.