

Authorized Claim Form No: C0019640173/3



On Behalf Of the Payer : Orient Insurance PJSC

Provider Name Peshawar Medical Centre
Date & Time 16-Jun-2023 10:49

User Name Mr Rey Villacorta
Fax No 2974343

Patient Information

Patient Name SHAHD MOHAMMAD BASIL DARAGHMI
Policy No. P/01/1305/2022/25393
Policy Holder SHAHD MOHAMMAD BASIL.DARAGHMI.
Product INDIV-DMed-DHA(L150K-D20%-NM-Phr30%-OP@PCP/IP@RN3H

Date Of Birth 28-Feb-2018
Expiry Date 21-Oct-2023
Card No DDB7-C447-2165-3F1A
National ID 784-2018-6168537-4
Identity Card 784-2018-6168537-4
Pin # P/01/1305/2022/25393
Regulator Member ID I008-002-113056863-01

Medical Information

Consultation Date 16-Jun-2023
Hospitalization Motive Physical Illness
Physician Name Dr Ghodstehrani Mohammadmahdi
Length Of Stay 0.0
ER Triage 0

Family Of Benefits Out-Patient
Admission Date 16-Jun-2023
Physician Specialty Neonatology

Requested Services

Below Item (s) have been approved

Service Item	Description	Qty Claimed	Qty Approved	Remarks
0005-111805-1021	Chlorohistol (Chlorpheniramine [10 Mg/MI]) 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/MI]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.0	Drug not listed in Formulary
0188-135906-2441	Pulmicort (Budesonide [0.5 Mg/MI]) 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
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	0.0	Service is not clinically indicated
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	1.0	1.0	

Estimated Cost (AED) : (83.51)

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

16/6/23

Approved for 5 meds

16/06/2023

Approved cons + meds 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.