

Authorized Claim Form No: C0019649801/1



On Behalf Of the Payer: United Fidelity Insurance Company

 Provider Name
 Peshawar Medical Centre
 User Name
 E-AUTHCONTROL

Patient Information

 Patient Name
 Aoife Louise McTaggart
 Date Of Birth
 25-Jan-1998

 Policy No.
 P/301/15/300604/23/83
 Expiry Date
 01-Mar-2024

Policy Holder TAALEEM HOLDINGS PSC - DXB Card No 1C3C-035C-DABF-BF96

Product DHA Uni+(L:500K-D:20%mx50@C/20%mx150@H-Phr20%- National ID 784-1998-5866955-1

MT10%-SMO-MON-GN20%OP@Mediclinic Grp) (B) MT Identity Card 784-1998-5866955-1

Regulator Member ID 1041-002-118994583-01

Medical Information

Consultation Date18-Jun-2023Family Of BenefitsOut-PatientHospitalization MotivePhysical IllnessAdmission Date18-Jun-2023Physician NameDr Galib SumaiyaPhysician SpecialtyGeneral 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	1.0	1.0	
0005-111805-1021	Chlorohistol (Chlorpheniramine [10 Mg/Ml]) Solution For Injection (5 X 1ml, Ampoule)	0.2	0.2	

Estimated Cost (AED): (30.96)

Authorization Notes

Authorization Form is valid until 18-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.