

Authorized Claim Form No: C0019694950/1



## On Behalf Of the Payer : Orient Insurance PJSC

**Provider Name** Peshawar Medical Centre  
**Date & Time** 26-Jun-2023 12:28

**User Name** E-AUTHCONTROL  
**Fax No** 2974343

Patient Information

**Patient Name** MOHAMMAD BUTT  
**Policy No.** P/01/1305/2021/1024/2  
**Policy Holder** MOHAMMAD.BUTT.  
**Product** INDIV-DMed-DHA(L150K-D20%-NM-Phr30%-OP@PCP/IP@RN3H

**Date Of Birth** 11-Feb-2016  
**Expiry Date** 06-Jan-2024  
**Card No** 1F62-A12A-C0A1-1535  
**National ID** 784-2016-7594795-2  
**Identity Card** 784-2016-7594795-2  
**Pin #** P/01/1305/2021/1024  
**Regulator Member ID** I008-002-115558622-01

Medical Information

**Consultation Date** 26-Jun-2023  
**Hospitalization Motive** Physical Illness  
**Physician Name** Dr Goodluck Ekata Enomen  
**Length Of Stay** 0.0  
**ER Triage** 0

**Family Of Benefits** Out-Patient  
**Admission Date** 26-Jun-2023  
**Physician Specialty** General Medecine

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          |                              |
| 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 |
| 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 |

Estimated Cost (AED) : (30)

Authorization Notes

Authorization Form is valid until 26-Jul-2023

Disclaimer

- 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.
- 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.
- 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.
- This form is subject to the terms, conditions, and procedures of the contract signed with NEXtCARE.