Authorized Claim Form No: C0019701792/2

On Behalf Of the Payer : Takaful Emarat Insurance PSC

Provider Name	Peshawar Medical Centre	**User Name**	Ali Ahmed Ali
Date & Time	27-Jun-2023 03:27	**Fax No**	2974343

Patient Information

Patient Name	OLLI JERIAH USARAGA RYAN	**Date Of Birth**	16-Apr-2019
Policy No.	01-115-01-23-8559787562	**Expiry Date**	09-May-2024
Policy Holder	WINROSE PASULA USARAGA	**Card No**	4651-65A6-B57C-9265
Product	Gold(D0%P0%C0%)	**National ID**	784-2019-3440736-8
		Identity Card	784-2019-3440736-8
		Regulator Member ID	I022-002-119371346-01

Medical Information

Consultation Date	27-Jun-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	27-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	1.0	
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/Ml]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.02	
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	1.0	

Estimated Cost (AED) : (203.93)

Authorization Notes

Authorization Form is valid until 27-Jul-2023

approved cons + 5/5 meds + admin charges as per 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.