Authorized Claim Form No: C0019867693/2

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	31-Jul-2023 10:59	**Fax No**	2974343

Patient Information

Patient Name	Anjana Karki	**Date Of Birth**	15-Oct-1983
Policy No.	CPG/DHA-B/1/3/16614/2023	**Expiry Date**	09-Feb-2024
Policy Holder	MAIDS CC DOMESTIC WORKERS SERVICES	**Card No**	FF4B-2184-09BC-E10E
Product	DHA B-F(L:150K-D:20%-Phr30%1.5K*-L&D20%-MT10%-OP@PCP/IP@RN3H) [BASIC PLAN] LSB-214914	**National ID**	784-1983-8861867-4
		Identity Card	784-1983-8861867-4
		Regulator Member ID	I008-002-119210492-01

Medical Information

Consultation Date	31-Jul-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	31-Jul-2023
Physician Name	Dr Goodluck Ekata Enomen	**Physician Specialty**	General 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	
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	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	
0006-124513-2071	Ventolin Nebules (Salbutamol [5 Mg/2.5ml]) Nebulizing Solution (20'S, Nebules)	1.0	0.0	Drug not listed in Formulary
0005-242802-0781	Pantonix I.V. (Pantoprazole (As Sodium) : 40 Mg) Powder For Infusion Pantoprazole (As Sodium) [40 Mg] Powder For Infusion (1'S, Glass Vial) Roa053 Iv	1.0	1.0	

Estimated Cost (AED) : (100.65)

Authorization Notes

Authorization Form is valid until 30-Aug-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.