

Authorized Claim Form No: EA0026381960/1



On Behalf Of the Payer : Dubai Islamic Insurance & Reinsurance

Provider Name	Peshawar Medical Centre	User Name	E-AUTHCONTROL
Date & Time	03-Aug-2023 10:17	Fax No	2974343

Patient Information

Patient Name	BIJU KRISHNAN	Date Of Birth	07-Oct-1974
Policy No.	11-15152-2022-1004	Expiry Date	09-Oct-2023
Policy Holder	OBS GROUP L.L.C	Card No	1362-CE23-CEA5-1D3C
Product	G-DHA-Uni+(L:500K-D:20%mx75-NM-Den&Opt20%-RN) DXB 252621 (B-NM)	National ID	784-1974-1630938-9
		Identity Card	784-1974-1630938-9
		Regulator Member ID	I006-002-112599279-03

Medical Information

Consultation Date	03-Aug-2023	Family Of Benefits	Out-Patient
Hospitalization Motive	Physical Illness	Admission Date	03-Aug-2023
Physician Name	Dr Khan Sajid Sanaullah	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
9.01	Consultation GP - Free Follow Up in 7 days	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	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	1.0	1.0	
0005-149902-1021	Clofen (Diclofenac Sodium [75 Mg/3ml]) Solution For Injection (5 X 3ml, Ampoule)	1.0	1.0	
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/MI]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.02	
0195-107704-0801	Ceftriaxone-Tabuk (Ceftriaxone [1 G]) Powder For Injection (1+10ml, Vial + Solvent Ampoule)	1.0	1.0	
0002-100101-1001	Sodium Chloride & Dextrose (Dextrose/Sodium Chloride [0.18% W/V][4.3% W/V]) Solution For Infusion (500ml, Plastic Bottle)	1.0	1.0	

Estimated Cost (AED) : (137.84)

Authorization Notes

Authorization Form is valid until 02-Sep-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.