

Authorized Claim Form No: C0019950296/1



On Behalf Of the Payer : Orient Insurance PJSC

Provider Name Peshawar Medical Centre
Date & Time 15-Aug-2023 03:51

User Name E-AUTHCONTROL
Fax No 2974343

Patient Information

Patient Name HANADI AL MOKDAD
Policy No. P/01/1305/2021/34861/1
Policy Holder HANADIAHMADAL MOKDAD.
Product INDIV-DMed-DHA(L150K-D20%-MT10%-Phr30%-OP@PCP/IP@RN3H)100%-1650-164983

Date Of Birth 14-Nov-1983
Expiry Date 10-Nov-2023
Card No AD20-2E7E-C493-E2D3
National ID 784-1983-4603027-7
Identity Card 784-1983-4603027-7
Pin # P/01/1305/2021/34861
Regulator Member ID I008-002-116300312-01

Medical Information

Consultation Date 15-Aug-2023
Hospitalization Motive Physical Illness
Physician Name Dr Khan Sajid Sanaullah
Length Of Stay 0.0
ER Triage 0

Family Of Benefits Out-Patient
Admission Date 15-Aug-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	
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	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	
0188-135906-2441	Pulmicort (Budesonide [0.5 Mg/MI]) Suspension For Nebulization (2ml X 20, Unit)	0.25	0.25	
0006-124513-2071	Ventolin Nebules (Salbutamol [5 Mg/2.5ml]) Nebulizing Solution (20'S, Nebules)	1.0	0.0	Drug not listed in Formulary
0005-111805-1021	Chlorohistol (Chlorpheniramine [10 Mg/MI]) Solution For Injection (5 X 1ml, Ampoule)	0.2	0.2	
2190-106618-1001	PARAFUSIV, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, SOLUTION FOR INFUSION (100ML X 10, GLASS VIAL), [IV	0.1	0.1	
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
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	0.0	Drug not listed in Formulary

Estimated Cost (AED) : (119.39)

Authorization Notes

Authorization Form is valid until 14-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.