Authorized Claim Form No: EA0026558436/2

On Behalf Of the Payer : Arabian Scandinavian Insurance Company

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	16-Aug-2023 01:58	**Fax No**	2974343

Patient Information

Patient Name	RAYAN MARWAN SOUKI	**Date Of Birth**	29-Dec-1997
Policy No.	P/10/AXCS/110124/01/00	**Expiry Date**	19-Jul-2024
Policy Holder	DUBAI INTERNATIONAL PRIVATE SCHOOL	**Card No**	5614-BC27-32EA-E0EE
Product	G-CON-Bas-F-(150K-D20%/15%@BGrp-L/D20%/15% @BGrp-Phr2.5K-MT-RN3/OP@Cli) DXB (B) Classic-284515	**National ID**	784-1997-9169396-5
		Identity Card	784-1997-9169396-5
		Regulator Member ID	I016-002-119108241-02

Medical Information

Consultation Date	16-Aug-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	16-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
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	
0002-100115-1001	Sodium Chloride & Dextrose (Dextrose/Sodium Chloride [5%|0.45%]) Solution For Infusion (500ml, Plastic Bottle)	1.0	1.0	
0005-111805-1021	Chlorohistol (Chlorpheniramine [10 Mg/Ml]) Solution For Injection (5 X 1ml, Ampoule)	0.2	0.2	
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/Ml]) 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	
9	Consultation GP	1.0	1.0	

Estimated Cost (AED) : (126.54)

Authorization Notes

Authorization Form is valid until 15-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.