

Authorized Claim Form No: C0020002174/1

**On Behalf Of the Payer : MEDGULF - UAE**

**Provider Name** Peshawar Medical Centre  
**Date & Time** 25-Aug-2023 10:55

**User Name** E-AUTHCONTROL  
**Fax No** 2974343

**Patient Information**

**Patient Name** ASJAD MEHMOOD ARSHAD MEHMOOD  
**Policy No.** GPE/32474  
**Policy Holder** WELLNESS WOK RESTAURANT LLC  
**Product** 285407: GPE/32474-02-2-Class: A

**Date Of Birth** 25-Jan-1997  
**Expiry Date** 17-Jul-2024  
**Card No** D3F0-B72E-4283-E597  
**National ID** 784-1997-4963159-6  
**Identity Card** 784199749631596  
**Pin #** 1616386  
**Regulator Member ID** I134-002-118258141-01

**Medical Information**

**Consultation Date** 25-Aug-2023  
**Hospitalization Motive** Accidental Injury  
**Physician Name** Dr Khan Sajid Sanaullah  
**Length Of Stay** 0.0  
**ER Triage** 0

**Family Of Benefits** Out-Patient  
**Admission Date** 25-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          |         |
| 12001        | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less | 1.0         | 1.0          |         |
| 97602        | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval  | 1.0         | 1.0          |         |

Estimated Cost (AED) : (67.5)

**Authorization Notes**

Authorization Form is valid until 24-Sep-2023

**Disclaimer**

- 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.
- 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.
- 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.
- This form is subject to the terms, conditions, and procedures of the contract signed with NEXtCARE.