Authorized Claim Form No: C0020155487/1

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	20-Sep-2023 05:16	**Fax No**	2974343

Patient Information

Patient Name	Assala Ziry	**Date Of Birth**	31-May-1998
Policy No.	CPG/DHA-B/1/5/14040/2022	**Expiry Date**	21-Sep-2023
Policy Holder	FIVE HOTEL - FZE	**Card No**	1A57-B04C-EAAF-59F9
Product	G-DHA-E(150K-D20%mx25-L&D10%-Phr10%5K-MT10%-RN3(OP@Clinics)A LSB-252742	**National ID**	784-1998-8956841-8
		Identity Card	111-1111-1111111-1
		Regulator Member ID	I008-002-119522094-01

Medical Information

Consultation Date	20-Sep-2023	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	20-Sep-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	Consultation GP	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	
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	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	
0005-149902-1021	Clofen (Diclofenac Sodium [75 Mg/3ml]) Solution For Injection (5 X 3ml, Ampoule)	1.0	0.0	M008: Waiting period not yet elapsed.
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	0.0	M008: Waiting period not yet elapsed.
0005-150403-1021	Premosan (Metoclopramide [10 Mg/2ml]) Solution For Injection (5 X 2ml, Ampoule)	0.2	0.0	M008: Waiting period not yet elapsed.

Estimated Cost (AED) : (74.05)

Authorization Notes

Authorization Form is valid until 20-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.