

Authorized Claim Form No: EA0027113299/1



On Behalf Of the Payer: Orient Insurance PJSC Worldwide E-Rx

Peshawar Medical Centre E-AUTHCONTROL **Provider Name User Name**

Date & Time 20-Sep-2023 08:46 Fax No 2974343

Patient Information

Patient Name Date Of Birth 17-Jul-1988 Abbas Zoya Policy No. 69217 **Expiry Date** 01-Jun-2024

Univ(\$4M-D:Nil-Mt-DEN-Opt-Repat-CN)278098

Policy Holder Richfit International FZ - LLC **Card No** 84DA-6F9D-0C3B-9146

National ID 784-1988-2624743-3 **Product**

Identity Card 784-1988-2624743-3

Pin# 7060740

Regulator Member ID 1008-002-115308318-01

Medical Information

20-Sep-2023 Consultation Date Out-Patient **Family Of Benefits** Physical Illness 20-Sep-2023 **Hospitalization Motive Admission Date**

Physician Name Dr Goodluck Ekata Enomen **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
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum	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	
0125-122107-1022	Dexamethasone Sodium Phosphate (Dexamethasone [4 Mg/Ml]) Solution For Injection (50 X 2ml, Ampoule)	0.02	0.02	
2190-106618-1001	PARAFUSIV, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, SOLUTION FOR INFUSION (100ML X 10, GLASS VIAL), [IV	0.1	0.1	
0195-107704-0801	Ceftriaxone-Tabuk (Ceftriaxone [1 G]) Powder For Injection (1+10ml, Vial + Solvent Ampoule)	1.0	1.0	

Estimated Cost (AED): (84.24)

Authorization Notes

Authorization Form is valid until 20-Oct-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.
- 4. This form is subject to the terms, conditions, and procedures of the contract signed with NEXtCARE.