

Authorized Claim Form No: C0020202061/1



On Behalf Of the Payer: Orient Takaful P.J.S.C.

 Provider Name
 Peshawar Medical Centre
 User Name
 E-AUTHCONTROL

Patient Information

 Patient Name
 Mahin Sagar Dhabe
 Date Of Birth
 10-Nov-2017

 Policy No.
 P-10-5305-5001-2023-285
 Expiry Date
 30-Aug-2024

Policy Holder SAGAR SHARAD DHABE Card No 2F14-234B-AEA0-A536

IND Uni+(L:1M-D:10%mx15GP/20%mx25SP-Phr15%5K- **National ID** 784-2017-6904716-4

Product L/D:10%-MT10%-RN3(OP@Clinics)DXB-PLAN 5 - RN3 Identity Card 784-2017-6904716-4

Medical Information

Consultation Date27-Sep-2023Family Of BenefitsOut-PatientHospitalization MotivePhysical IllnessAdmission Date28-Sep-2023

Physician Name Dr Ghodstehrani Mohammadmahdi Physician Specialty Neonatology

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 | |
| 94664 | Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device | 1.0 | 0.0 | M008: Waiting period not yet elapsed. |
| 0006-124513-2071 | Ventolin Nebules (Salbutamol [5 Mg/2.5ml]) Nebulizing Solution (20'S, Nebules) | 1.0 | 0.0 | M008: Waiting period not yet elapsed. |
| 0188-135906-2441 | Pulmicort (Budesonide [0.5 Mg/Ml]) Suspension For Nebulization (2ml X 20, Unit) | 0.25 | 0.0 | M008: Waiting period not yet elapsed. |

Estimated Cost (AED): (22.5)

Authorization Notes

Authorization Form is valid until 28-Oct-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.