Authorized Claim Form No: C0022106456/1

On Behalf Of the Payer : Orient Insurance PJSC

Provider Name	Peshawar Medical Centre	**User Name**	E-AUTHCONTROL
Date & Time	06-Aug-2024 05:36	**Fax No**	2974343

Patient Information

Patient Name	LISA MCMILLAN	**Date Of Birth**	20-Mar-1980
Policy No.	P/01/1307/2023/8233/1	**Expiry Date**	14-Apr-2025
Policy Holder	LISAMAYMCMILLAN.	**Card No**	21AF-69E6-4C09-D472
Product	Ind-Loc(L:150K-D:20%-Phr30%-1.5K-MAT10%-PC	**National ID**	784-1980-8737411-6
		Identity Card	784-1980-8737411-6
		Pin #	P/01/1307/2023/8233
		Regulator Member ID	I008-002-119245926-01

Medical Information

Consultation Date	06-Aug-2024	**Family Of Benefits**	Out-Patient
Hospitalization Motive	Physical Illness	**Admission Date**	06-Aug-2024
Physician Name	Dr Mumtaz Humaira	**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
10	Consultation Specialist	1.0	1.0	

Estimated Cost (AED) : (34.92)

Authorization Notes

Authorization Form is valid until 05-Sep-2024

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.