

UCAF 2.0

To be completed & ID verified by the reception/nurse:

Provider: KING FAHAD CENTRAL HOSPITAL - GIZAN - (MOH)
Insurance Co. GOSI
TPA: Total Care Saudi Third Party Administrators
Patient File No. 1443007878 **Visit Type:** New Visit
Date of Visit: 07-Nov-2021 **Approval:** App7314696

Insured Name: فايز محمد نور حسن علام
ID Card No: 9100128329 **Sex:** M **Age:** 36
Policy Holder: فرع شركة رضايات المحدوده
Policy No: 42MED202105025 - 592265079_B
Class: B **Expiry Date:** 31-Dec-2800
Insured ID No: 2429491745 **E-Code:** 7032-1311-8569-701

To be completed by the Attending Physician

Admission Type: OT

Emergency Case: (X) **Emergency Case Level:** 1 (X) 2 () 3 ()

BP : 111/70 **Pulse :** 90 **Temp :** 37 **Weight :** 70 **Height :** 170 **R.R:** 18 **Duration of Illness:** 1 Day

Chief Complaint & Main Symptoms: 35 years old with left lower limb trauma by heavy object during work ,seen by orthopedics and discharge with medication x ray done and it,s normal

Significant Signs: FOOT TRAUMA BY HEAVY OBJECT

Other Conditions:

Primary Diagnosis: S90.81 - Abrasion of ankle and foot

Other Diagnosis:

Disability:

Benefit Type: OT

Admission Date: 07-Nov-2021

Discharge Date: 07-Nov-2021

Suggestive line(s) of management: Kindly enumerate the recommended investigations, and/or procedures For outpatient approvals only:

Code	Description / Service	Type	Quantity	Cost	Remark
230461	CROSS MATCH (X-MATCH)/REQUEST FOR BLOOD TRANSFUSION FOR 1 UNIT OF BLOOD	LBRD	1	75.00	Listed Item Approved
230268	BLOOD GROUP ABO-RH	LBRD	1	80.00	Listed Item Approved
231072	PROTHROMBIN TIME	LBRD	1	64.00	Listed Item Approved
230216	APTT	LBRD	1	64.00	Listed Item Approved
230950	P4 (LIVER PROFILE) BILI T, ALK, ALB, AST, ALT	LBRD	1	160.00	Listed Item Approved
230949	P3 (RENAL) (BUN, CREATININE ,ALBUMIN, CALCIUM,PHOSPHOROUS, MAGNESIUM, URIC ACID)	LBRD	1	192.00	Listed Item Approved
230223	AUTOMATED CBC WITH DIFFERENTIAL COUNT	LBRD	1	95.00	Listed Item Approved
140164	ORTHOPAEDIC CONS FEECONSULTATION	CONS	1	150.00	Listed Item Approved
140087	EMERGENCY CONS. FEE	CONS	1	150.00	Listed Item Approved

Providers Approval/Coding staff must review/code the recommended service(s) and allocate cost and complete the following:

Completed/Coded By:

Signature:

Date:

Code	Medication Name	Quantity	Cost	Remark
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Sick leave remarks:

Justification:

Requested Sick-leave Days: 0

Approved Sick-leave Days

Total Approval Estimation (Till Date)

1,030 SR

In Case management Form (CMF1.0) included Yes () No ()

Please specify possible line of management when applicable:

I hereby certify that ALL information mentioned are correct and that the medical services shown on this form were medically indicated and necessary for the management of this case.

Physician Signature

Stamp

Date

ayman salah

07-Nov-2021

I hereby certify that ALL statements and information provided concerning patient identification and the present illness or injury are TRUE.

فايز محمد نور حسن علام

Name and relationship (if guardian):

Signature:

Date: 07-Nov-2021

UCAF 2.0

For Insurance Company Use Only:

Approval Validity: 14 Days

Approved / Disapproved By:

Signature:

Date: 07-Nov-2021

ICD10AM Dxn Code : S90.81

ICD10AM Dxn: Abrasion of ankle and foot

تمت الموافقة على جميع الخدمات المطلوبة - بشرط تبريرها بموجب (تقرير طبي)
Approved Subject to final Medical Report (

Approval Ref: App7314696

Request Received: 07-Nov-2021 11:30 PM

Approval Granted: 07-Nov-2021 11:48 PM

E-Code: **7032-1311-8569-701**

