UCAF2.0

To be completedand ID verified by the reception/nurse:					Print/Fill in clear letters or Emboss Card:							
ProviderName: ConsultantRadiologists(RiyadhScan)					InsuredName: wasif fiaz abbasi m fiaz abbasi a							
InsuranceCompanyName: Tawuniya				ID. C	ID. Card No: 002398727863001 National ID: 2398727863							
TPA CompanyName:					Sex: Male Age: 38 Year							
Patient File Number:					PolicyHolder: gas solutions							
Dept: RadiologySpecialty					Policy No: 36310219							
Single () Married	Mer	MemberSince: MemberType:										
Date of visit: 11/03/202511:31:00 PM	Exp	Expiry Date: 30/04/202512:00:00 AM Class: a										
Newvisit () FollowUp (√)	() App	ApprovalReferenceNumber: 77806372										
ApprovalDate/Time: 11/03/202523:37:	App	ApprovalStatus: Not Required ApprovalType: Professional										
ApprovalValidity: 30 Days									(OutPati	ent)		
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Chief Complaints and Main Symptoms:		crotal pain	-	rovalfor scrot	-							
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PossibleLine of Treatment												
Other Conditions:												
Diagnosis												
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organs												
4 th Code:		5 th Code:					6 th C	ode:				
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For InsuranceComapnyUseOnly Approved () Not Approved () ApprovalNo: 77806372 Approvaldidity: 30 Days Comments (include approved days/services if different from the requested)

Approved/DisapprovedBy	Signature	Date:/

(*) this is applicableonly in case of manual UCAF