UCAF 2.0

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

Provider Name: Consultant Radiologists (Riyadh Scan)

Insurance Company Name: Tawuniya

TPA Company Name:

Patient File Number:

Dept: Radiology Specialty

Single ( )   Married ( )   Plan Type ( )

Date of visit: 11/03/2025 11:31:00 PM

New visit ( )   Follow Up (✓)   Refill ( )   Walk In ( )   Referral ( )

Approval Date/Time: 11/03/2025 23:37:17

Approval Validity: 30 Days

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Print/Fill in clear letters or Emboss Card:

Insured Name: wasif fiaz abbasi m fiaz abbasi a

ID. Card No: 002398727863001   National ID: 2398727863

Sex: Male   Age: 38 Year

Policy Holder: gas solutions

Policy No: 36310219

Member Since: Member Type:

Expiry Date: 30/04/2025 12:00:00 AM   Class: a

Approval Reference Number: 77806372

Approval Status: Not Required   Approval Type: Professional (OutPatient)

Message:

Please note that the amount of the requested services do not require prior approval from Tawuniya, as per this Policy's terms and conditions. Kindly, provide the necessary medical services to our clie, Payer: Please note that the amount of the requested services do not require prior approval from Tawuniya, as per this Policy's terms and conditions. Kindly, provide the necessary medical services to our clie,

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To be Completed by the Attending PHYSICIAN: Please tick (✓)

Inpatient ( )   Outpatient (✓)   EmergencyCase ( ) | EmergencyCase Level: 1   2   3   4   5

Physician Name [ID]: KHALED ALY

BP: –   Pulse: Temp: 34.5   Weight: Height: R.R: Duration of Illness:

Chief Complaints and Main Symptoms: Dear dr ,,,ptn left scrotal pain need approval for scrotal doppler ultrasound both side

Siginificant Signs:

Possible Line of Treatment

Other Conditions:

Diagnosis

Principal Code: N50.8-Oth spec disrd of male genital organs   2nd Code: 3rd Code:

4th Code: 5th Code: 6th Code:

Please tick (✓) where appropriate:

Chronic ( )   Congenital ( )   RTA ( )   Work Related ( )   Vaccination ( )

Check-up ( )   Psychiatric ( )   Infertility ( )   Pregnancy ( )   Indicate LMP: ( )

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

(Code) Service	Type	Req. Qty	Req. Cost	Gross amount	App. Qty	App. Cost	App. Gross	Note
(90911-00-00) Duplex ultrasound of vessels of other sites - (14013) Scrotum Doppler	Imaging services	1.0	345.00	600.00	1.0	345.0	345.00	Not Required

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

Completed/Coded By.   Signature ....   Date

Medication Name (Generic Name)	Type	Req. Qty	Req. Cost	Gross amount	App. Qty	App. Cost	App. Gross	Note
No Data To Be Shown								

In case Management Form (CMF1.0) included Yes ( ) No ( )

Please specify possible line of management when applicable:

Expected date of admission:

Estimated Cost: 345.00 (SAR)   **Estimated Gross:** 600.00 (SAR)   **Total Approved Cost:** 345.0 (SAR)

Estimated Length of stay: _____ days

Approved Length of stay: _____ days

Provider Comments:

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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 ....   Date ....../....../......

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

Name (and relationship if guardian): ....

Signature(*) ....   Date ....../....../......

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For Insurance Comapny Use Only Approved ( ) Not Approved ( ) Approval No: 77806372   Approval validity: 30 Days

Comments (include approved days/services if different from the requested)

....

Approved/DisapprovedBy ....   Signature ....   Date: ..../........./.........

(*) this is applicableonly in case of manual UCAF