Medical Form Details

# Provider

Providername: Consultant Radiologists (Riyadh Scan)  
Insurancecompanyname: Alrajhi Takaful  
Dept: Radiology Specialty  
Dateofvisit: 01/03/2025 10:15:00 AM  
Newvisit: True  
Approvaldatetime: 01/03/2025 10:18:45  
Approvalvalidity: 30 Days

# Insured

Insuredname: aakif ahamed samsudeen imtiyas  
Idcardno: 9955697  
Nationalid: 2423850268  
Policyno: 1040034578  
Expirydate: 26/08/2025 12:00:00 AM  
Policyholder: ٠ مدارس مناهج الابداع العالمية  
Class : Basic M.1.Z2  
Approval: Approved  
Approvalreferrencenumber: 5090041  
Approvalstatus: Approved  
Approvaltype: Professional  
Message: No: prior approval required "Its" a system generated response please proceed as per policy terms and conditions claim audit  
Adjudicationpayer: Additional adjudication Payer: No: prior approval required "Its" a system generated response please proceed as per policy terms and conditions & claim audit

# Patient

Sex: Male  
Age: 8 Year

# Visitdetails

Outpatient: True  
Physicianname: KHALED ALY  
Bp: -  
Temperature: 34.5  
Chiefcomplaints: DIMINISHED VISYAL ACUITY DAYS FOLLWING RYPTURE

# Diagnosis

Principalcode: H05-Disorders of orbit

# Services

Code: 56013-00 00  
Description: Computerised tomography of orbit - (11003) CT Orbits  
Type: Imaging  
Totalquantity: 1  
Quantity: 1  
Cost: 316.28  
Approvedquantity: 1  
Approvedcost: 200.0  
Status: Approved  
Note: No: prior approval required "Its" a system generated response please proceed as per policy terms and conditions claim audit

# Insuranceapproval

Approved: True  
Approvalno: 5090041  
Approvalvalidity: 30 Days