Medical Form Details

# Provider

Providername: ConsultantRadiologists(RiyadhScan)  
Insurancecompanyname: Tawuniya  
Dept: RadiologySpecialty  
Dateofvisit: 11/03/2025 11:31:00 PM  
Followup: True  
Approvaldatetime: 11/03/2025 23:37:17  
Approvalvalidity: 30 Days

# Insured

Insuredname: wasif fiaz abbasi m fiaz abbasia  
Idcardno: 002398727863001  
Nationalid: 2398727863  
Policyno: 36310219  
Expirydate: 30/04/2025 12:00:00 AM  
Policyholder: gas solutions  
Class : a  
Approvalreferrencenumber: 77806372  
Approvalstatus: Not Required  
Approvaltype: Professional  
Message: Please note that the amount of the requested services do not require prior approval from Tawuniya as per this Policys terms and conditions Kindly provide the necessarymedical servicesto our clie

# Patient

Sex: Male  
Age: 38 Year

# Visitdetails

Outpatient: True  
Physicianname: KHALED ALY  
Bp: -  
Temperature: 34.5  
Chiefcomplaints: Dear dr ... ptnleft scrotal pain need approvalfor scrotal doppler ultrasoundboth side

# Diagnosis

Principalcode: N50.8-Oth spec disrd of male genital

# Services

Code: 90911-00-00  
Description: Duplex ultrasound of vessels of other sites - Scrot Imaging services  
Type: Imaging  
Cost: 345.0  
Approvedcost: 345.0  
Status: Not Required

# Insuranceapproval

Approvalno: 77806372  
Approvalvalidity: 30 Days