



0857-2022-00014240



Oman Network Claim

Call center / Hotline numbers - 24730939,99441859,99343623

Claim Form No:

0857-2022-00014240

I. Provider Information

Provider Name **OMAN INTERNATIONAL HOSPITAL**
Doctor Name **SHAHRAM HOUSHANG TALEBIAN KHORASANI**
Speciality **ENT**

Date of Visit **16-Oct-2022 18:15:36**

Contact No **968-90613556**

II. Member Information

Member Id **D983001859** Member Name **RENAD HUSSAIN MOHAMMED REDHA**
GSM **968-93221389** Company Name **SOHAR INTERNATIONAL**
DOB/Age/Gender **29-Mar-2009 / 13 / FEMALE** Nationality **OMANI**
Validity Period **25-Sep-2022 to 24-Sep-2023** Cover **IP/OP/PEC/Chronic/Dental** Relationship **DAUGHTER**
Excess **0 OMR** Clinics **A+,A,B** Inhouse Pharmacy **Yes**
Notes **RO 3 @ Band A+ providers, Preapproval waived upto RO. 200/-, Optical coverage: Laser treatment / Surgeries / Infections**

III. Medical Information

1. Presenting Complaints in chronological order

S.No.	Complaint	Duration	History of Presenting Complaints
1			
2			
3			
4			
5			

2. Past Medical History

☐ DM ☐ HTN ☐ CAD ☐ DLP ☐ Thyroid Disorder ☐ Seizer disorder ☐ Malignancy ☐ other

3. Diagnosis

Tick	Code	Description
	H60.00	Abscess of external ear
	H62.8	Disorders of right external ear in diseases classified
	H69.80	Other specified disorders of Eustachian tube
	H70.10	Chronic mastoiditis
	H83.09	Labyrinthitis
	H93.19	Tinnitus
	J02.9	Acute pharyngitis
	J06.9	Acute upper respiratory infection
	J30.0	Vasomotor rhinitis
	J34.2	Deviated nasal septum
	J35.01	Chronic tonsillitis
	J37.0	Chronic laryngitis
	J81.0	Acute pulmonary edema
	R05	Cough
	S02.2	Fracture of nasal bones, initial encounter for closed fracture

Tick	Code	Description
	H61.23	Impacted cerumen, bilateral
	H66.90	Otitis media, unspecified
	H70.009	Acute mastoiditis without complications
	H72.90	Unspecified perforation of tympanic membrane
	H91.90	Unspecified hearing loss
	J01.90	Acute sinusitis
	J04.0	Acute laryngitis
	J20.9	Acute bronchitis
	J32.9	Chronic sinusitis
	J34.3	Hypertrophy of nasal turbinates
	J35.3	Hypertrophy of tonsils and adenoids
	J45.909	Unspecified asthma
	R04.0	Epistaxis
	R42	Dizziness and giddiness
	T16.1	Foreign body in right ear

3. (a). Other Diagnosis (if not listed above)

4. Investigation Request

5. Prescription:

6. Date of Admission:

Date of Discharge:

7. Declaration

7. (a). Physician's Declaration

I hereby declare that I am the patient's attending physician and that the information furnished in this claim form and related details are true and correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to the claim, then I unconditionally agree that M/s. National Life & General Insurance Co. SAOG (NLGIC) shall not have any liability whatsoever on the settlement of the claim.

Medical Practitioner's Signature, Stamp

Date: 16-Oct-2022 18:15:36

7. (b). Patient's/Guardian's Declaration and consent

1. I confirm that I am the patient or patient's parent / guardian (if under 18 years of age) and hereby confirm that all particulars given above are, to the best of my knowledge, is true and correct. Further, I hereby authorise the attending medical practitioner or medical provider to provide any health details or medical records to the representative of National Life & General Insurance Co. SAOG (NLGIC) with complete information, including copies of those records with reference to my sickness or accident. I hereby authorise NLGIC to use my mobile number for communicating insurance benefits and medical claim / approval notifications / confirmations.

2. I guarantee to pay immediately to the treating medical facility for any expense that are not covered by my insurance or in excess of the limits provided under my plan.

Patient's/Guardian's Signature

Date: 16-Oct-2022 18:15:36





NATIONAL LIFE GENERAL
INSURANCE COMPANY

Patient No. 9005350
Name RENAD AL LAWATI
Policy No. D983001859
Doctor Dr. Shahram Khorasani

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.OP001034586 - Outpatient	2022/10/17 17:28 - 2022/10/17 17:28				EPISODE E.001119599
RADIOLOGY		50.000			
CT SINUSES (PLAIN)					
2022-10-17 10.00.00.0032	1.00	50.000	0.000	0.000	50.000
Dr. Shahram Khorasani					
		GROSS TOTAL	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
		50.000	0.000	0.000	50.000

Patient Share: 0.000 None

NATIONAL LIFE & GENERAL INSURANCE COMPANY Total: 50.000 Fifty Rial Omani



INTIMATION REQUEST

Printed By : promanihospital

Printed Date : 17-Oct-2022 14:31:28

PreApproval No : 2612560

Status : COMPLETED

Approved on : 17-Oct-2022
14:31:28

IMPORTANT INSTRUCTIONS TO PROVIDERS

The Required Medical Services May be Extended to the Patient Under Intimation To NLGIC If :

1. Cost Of Consultation+Investigation(A+B)exceeds OMR 15/-
2. The Total Cost (A+B+C+D+E)exceeds OMR 35/-

Reauthorization to be sought from NLGIC for :

1. All Services specified in the Annexure(Irrespective of Cost)
2. Where the total estimated cost (A+B+C+D)exceeds OMR 50/-

Hospital Details:

Provider Name : OMAN INTERNATIONAL HOSPITAL
Admission Date : 16-Oct-2022
Date Of Discharge : 16-Oct-2022
Provider Contact No : 968-90613556
Provider Currency : OMR
Treatment Doctor : SHAHRAM HOUSHANG TALEBIAN KHORASANI
Speciality : ENT
Referred Provider Name :
Referred Doctor Name :

Member Details:

Employer Name : SOHAR INTERNATIONAL
Patient Name : RENAD HUSSAIN MOHAMMED REDHA
Age : 13
Gender : FEMALE
Patient Contact No : 93221389
Member ID : D983001859

Brief History of Illness :

Presenting complaints : chronic sinusitis, adenoid hypertrophy and allergic rhinitis

Previous Investigation/TreatmentDetails

Diagnosis : Chronic sinusitis, unspecified,Hypertrophy of adenoids

Service Name	Approved Amount	Remarks
Consultation Specialist / Sr Specialist	12.000	-
sinus	50.000	-

Total Approved Amount(in local Currency): 62.000 OMR

Providers Comments : This is a system generated auto authorization and are within the Preauthorization threshold applicable to the patient/Healthcare provider. Please note that any authorization including such auto authorizations shall not guarantee payment of the relevant claims unless:
1. The salient details including but not limited to the member's history, presenting complaints, primary diagnosis /es, services rendered and amounts or any other details having a bearing on the admissibility of the related claims are exactly matching with those provided during claim submission.
2. Aspects like medical relevance of the services requested for, documentation required for assessing such requests, agreed timelines for submission of such requests, validity period of such requests or any other terms or protocols related to raising such preauthorization requests that have been mutually agreed, are clear, in order and have been adhered to.
3. The services are rendered within the active policy period of the member and follows the terms, conditions, scope of coverage and exclusions with respect to the member under his / her medical insurance policy or those related to the provider.
These auto authorizations have not undergone any adjudication checks and onus on proving medical necessity/ relevance solely rests with the healthcare providers.



Providers Comments : EMR ATTACHED

Patients Signature

Physician's Signature & Seal

This approval for treatment is subject to the member being included in the policy and the policy being in force/active at the time of treatment. This approval is subject to the terms & conditions of the insurance policy agreed between NATIONAL LIFE AND GENERAL INSURANCE COMPANY SAOG and the client (the employer/the insurance company) and is also subject to Medical assessment of all relevant medical documentation received or to be received. National Life shall not under any circumstance be responsible for any outcome of the medical treatment, under the policy. Any approval or denial is solely on the basis of the aforesaid information provided to us or our discussions with the treating physician. Our denial, if any, shall not impede any judicious plan of management for the ailment, conceived by the treating physician, and warranted by the medical condition of the patient, in which case, the treating physician shall proceed as per his plan and it shall be the treating physician's onus to provide convincing substantiation of the mode of management adopted as and when required by NLGIC's panel of doctors. Please attach the copy of this approval form along with the original claim form and bills. Approved for investigation/treatment/procedure medication. This Approval should be null and void. If the rates requested do not form part of the pricelist already agreed with NLGIC Admission for Medical management approved subject to submission of detailed case history and final bill breakup before discharge of patient.