Authorisation Letter

J-188701/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 08-Apr-2023 1:08 pm

Action Date : **08-Apr-2023 1:15 pm**
Action By : Vijina KV

Processed

Patient : **ANOTIDAISHE EVE MACHEKA**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I006-029-118755160-01** **Policy** : 11-15152-2022-1085

Employer : NEST ACADEMY-ENHANCED-LSB
Gender : Female **DOB** : 18-Oct-2004
Doctor : Enomen Goodluck Ekata

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% upto AED 25	10%	10%	10% LIMIT 5000	NIL	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	K29.00	Acute gastritis without bleeding
2	ICD10	R10.10	Upper abdominal pain, unspecified
3	ICD10	R11.10	Vomiting, unspecified

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly share the One month PPI trial management response
Unmarried BHCG not covered

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	84702	B HCG (GONADOTROPIN CHORIONIC QUANTITATIVE)	1.00	0.00	38.70	0.00	0.00	Reject	NCOV-003 - Service(s) is (are) not covered	
3	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	19.80	2.20	19.80	Approved		
4	86140	C REACTIVE PROTEIN	1.00	1.00	13.50	1.50	13.50	Approved		
5	86677	ANTIBODY HELICOBACTER PYLORI	1.00	0.00	37.80	0.00	0.00	Reject	AUTH-012 - Request for information	
		Total :	**5.00**	**3.00**	**144.80**	**7.20**	**64.80**			

Authorisation Letter

J-188701/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 08-Apr-2023 1:08 pm

Action Date : **08-Apr-2023 1:15 pm**
Action By : Vijina KV

Processed

Patient : **ANOTIDAISHE EVE MACHEKA**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I006-029-118755160-01** **Policy** : 11-15152-2022-1085

Employer : NEST ACADEMY-ENHANCED-LSB
Gender : Female **DOB** : 18-Oct-2004
Doctor : Enomen Goodluck Ekata

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% upto AED 25	10%	10%	10% LIMIT 5000	NIL	10%	NA

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :08-Apr-2023 2:04:42PM

* VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION

Disclaimer: Please note that pre-authorization is issued based on available report and information during treatment. Pre-authorization does not guarantee claim payment in full or verify the eligibility of each service or item. Payment of benefit is subject to all terms, conditions, limitations, and exclusions of the member's agreed table of benefits, medical necessity and appropriateness.