Authorisation Letter

J-196293/2023

 Request Date
 : 13-Apr-2023 11:35 am
 Action By
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Patient : RAGEESH MOOKKICHANKANDI KACHAMBRON Employer : IFA HI TRUNK FZE-

Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC Gender : Male DOB : 09-Mar-1997

	Patient Share													
CONSULTATION LAB/RADIOLOGY		PHYSIO	PHARMACY	IP	MATERNITY	DENTAL								
10% upto AED 25	NIL	NIL	NIL LIMIT 150000	NIL	10%	NA								

SI.	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	
		Total :	1.00	1.00	35.00	3.50	31.50			

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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.

^{*} VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION