Authorisation Letter

J-200232/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 15-Apr-2023 8:22 pm

Action Date : **15-Apr-2023 8:27 pm**
Action By : santhosh.g

Processed

Patient : **RAMESH PATIDAR**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I040-029-113722477-01** **Policy** : UICECA3955-Jan23

Employer : STAYBRIDGE SUITES FZ L.L.C
Gender : Male **DOB** : 15-Jul-1978
Doctor : Enomen Goodluck Ekata

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	NIL	NIL LIMIT 7500	NIL	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	L50.0	Allergic urticaria
2	ICD10	K29.40	Chronic atrophic gastritis without bleeding
3	ICD10	J00	Acute nasopharyngitis [common cold]

Provider Remarks

Dear Team,

Please see attached approval request for approval.

Thank you

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	0005-111 805-1021	CHLOROHISTOL INJECTION	1.00	1.00	1.20	0.00	1.20	Approved		
2	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
3	96372	THER/PROPH/DIAG INJ SC/IM	1.00	1.00	15.00	0.00	15.00	Approved	PRCE-001 - Calculation discrepancy	
4	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
		Total :	**4.00**	**4.00**	**53.72**	**7.00**	**46.72**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :15-Apr-2023 8:32:23PM

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