Authorisation Letter

J-200419/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 15-Apr-2023 10:34 pm

Action Date : **15-Apr-2023 10:41 pm**
Action By : nabeel.valappil

Processed

Patient : **CHARLOTTE TIMBENAVO**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-116524269-02** **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Female **DOB** : 02-May-1989
Doctor : Enomen Goodluck Ekata

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R52	Pain, unspecified
2	ICD10	N10	Acute tubulo-interstitial nephritis
3	ICD10	R35.0	Frequency of micturition
4	ICD10	M62.830	Muscle spasm of back

Provider Remarks

Dear Team,

Please see attached claim form for approval Request.

Thank you

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
2	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
3	10	Consultation Specialist	1.00	1.00	55.00	5.50	49.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
4	81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	1.00	1.00	9.00	0.00	9.00	Approved		
5	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
		Total :	**5.00**	**5.00**	**104.10**	**5.50**	**98.60**			

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Printed By : Peshawar Medical Centre-Al Barsha

Print Date :15-Apr-2023 10:43:56PM

* 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.