

Authorisation Letter

J-210019/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 23-Apr-2023 1:39 pm

Processed

Request Date : 23-Apr-2023 1:34 pm

Action By : SUNIL.NN

Page 1 of 1

Patient : **ROBINSON LENASOI TAMAR**

Employer : TH8 A HOUSE OF ORIGINALS HOTEL - FZE .

Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Gender : Male **DOB** : 15-May-1997

Card No : **I017-029-118908545-01** **Policy** : 200020

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	Z91.018	Allergy to other foods
2	ICD10	B35.0	Tinea barbae and tinea capitis
3	ICD10	H10.13	Acute atopic conjunctivitis, bilateral

Provider Remarks

kindly provide approval

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	3.50	31.50	Partially Approved	PRCE-001 - Calculation discrepancy	
3	96372	THER/PROPH/DIAG INJ SC/IM	1.00	1.00	15.00	0.00	15.00	Approved		
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	3.50	50.22			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 25-Apr-2023 12:18:58PM

* 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.