Authorisation Letter

J-210019/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 23-Apr-2023 1:34 pm

Action Date : **23-Apr-2023 1:39 pm**
Action By : SUNIL.NN

Processed

Patient : **ROBINSON LENASOI TAMAR**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-118908545-01** **Policy** : 200020

Employer : TH8 A HOUSE OF ORIGINALS HOTEL - FZE .
Gender : Male **DOB** : 15-May-1997
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	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		
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