Authorisation Letter

J-213123/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 25-Apr-2023 11:05 am

Action Date : **25-Apr-2023 11:25 am**
Action By : Vijina KV

Processed

Patient : **Mehrez Lahmedi**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I035-029-119177246-01** **Policy** : 1341/2023

Employer : COTE D AZUR HOTEL L.L.C
Gender : Male **DOB** : 25-Mar-1990
Doctor : Enomen Goodluck Ekata

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R10.13	Epigastric pain
2	ICD10	K29.00	Acute gastritis without bleeding
3	ICD10	J69.0	Pneumonitis due to inhalation of food and vomit

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly share CBC CRP report findings

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Sl.	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	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	96365	THER/PROPH/DIAG IV INF INIT	1.00	1.00	25.00	0.00	25.00	Approved		
3	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	0.00	15.00	0.00	0.00	Reject	AUTH-012 - Request for information	
4	0005-242 802-0781	PANTONIX I.V.	1.00	1.00	29.50	0.00	29.50	Approved		
5	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	0.00	48.50	0.00	0.00	Reject	AUTH-012 - Request for information	
6	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
7	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
		Total :	**7.00**	**5.00**	**190.00**	**7.00**	**119.50**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :25-Apr-2023 11:34:01AM

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