

Authorisation Letter

J-220188/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 28-Apr-2023 9:11 pm

Processed

Request Date : 28-Apr-2023 9:05 pm

Action By : JBMT361

Page 1 of 1

Patient : FARIYA BASHIR

Employer : STAYBRIDGE SUITES FZ L.L.C.

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

Gender : Male **DOB** : 10-Jun-1985

Card No : I040-029-113718995-01 **Policy** : UICECA3774-Jan23

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	H66.005	Ac suppr otitis media w/o spon rupt ear drum, recur, l ear
2	ICD10	H90.2	Conductive hearing loss, unspecified

Provider Remarks

Dear team
please provide the approval
thank you

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
2	96360	HYDRATION IV INFUSION INIT	1.00	1.00	25.00	0.00	25.00	Approved		
3	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved		
4	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
5	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partially Approved	PRCE-001 - Calculation discrepancy	
		Total :	5.00	5.00	114.12	7.00	107.12			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 29-Apr-2023 3:42:38PM

* 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.