

Authorisation Letter

J-220240/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 28-Apr-2023 11:03 pm

Processed

Request Date : 28-Apr-2023 10:57 pm

Action By : nabeel.valappil

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Patient : PASHA . PATHAN
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : I040-029-119067668-01 **Policy** : UICECA3774-Jan23

Employer : STAYBRIDGE SUITES FZ L.L.C.
Gender : Male **DOB** : 01-Jan-1997
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

Provider Remarks

Dear Team,

Please see attached claim form for approval request form.

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	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved		
3	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
4	96372	THER/PROPH/DIAG INJ SC/IM	1.00	1.00	15.00	0.00	15.00	Approved		
5	96365	THER/PROPH/DIAG IV INF INIT	1.00	1.00	25.00	0.00	25.00	Approved		
6	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partially Approved	PRCE-001 - Calculation discrepancy	
Total :			6.00	6.00	129.12	7.00	122.12			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 29-Apr-2023 4:09:17PM

* 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.