Authorisation Letter

J-220240/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 28-Apr-2023 10:57 pm

Action Date : **28-Apr-2023 11:03 pm**
Action By : nabeel.valappil

Processed

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	Partialy 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