# PA Reference No : J-224971/2023 | Dated : 01-May-2023 | Processed [ Resubmission ]

**Auth ID** JBMTCBC6BF95-5410-4C9F-A1BA-FAB21F287D85-source :WEBV1



## Member Details

| | | | |
|---|---|---|---|
| **Name** | **MARGART WAMAITHA WANJIKU** | **Group Name** | TH8 A HOUSE OF ORIGINALS HOTEL - FZE . / 106205 |
| **UB No** | I017-029-118176515-02 | **DOB** | 26-Jan-1996 |
| **EID** | 784-1996-5216893-3 | **Gender** | FEMALE |
| **Appln No** | I017-029-118176515-02 | **Category** | |
| **Policy Jurisdiction** | | **Benefit type** | Non EBP |
| **Join Date** | | **Leave Date** | |
| **PEC Status** | NIL WAITING PERIOD | | |

## Policy Details

| | | | |
|---|---|---|---|
| **Payer** | ABU DHABI NATIONAL INSURANCE COMPANY | **TPA** | E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC |
| **Period** | **01-Oct-2022 to 30-Sep-2023** | **Network** | **Green,** |
| **Policy no** | 200020 | **Direct SP Access** | SP Direct Access |

**Co-Ins**

| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|
| 10% upto AED 25 | NIL | NIL | NIL LIMIT 150000 | NIL | NA | NA |

**Remarks**

**Attachment**

| Sl | File Name | |
|---|---|---|

## Claim Details

| | | | |
|---|---|---|---|
| **Benifit Group** | OP SERVICES | **Doctor** | Enomen Goodluck Ekata |
| **Handling Type** | Out Patient | **Specialization** | General Practice |
| **Phone** | 971-54-7418802 | | |
| **Remarks** | KINDLY PROVIDE APPROVAL | | |

**Diagnosis**

| Sl. | Name | ICD Code | Category | Type |
|---|---|---|---|---|
| 1 | Lower abdominal pain, unspecified | R10.30 | ACUTE | Secondary |

| Sl. | Name | ICD Code | Category | Type |
|---|---|---|---|---|
| 2 | Secondary dysmenorrhea | N94.5 | CHRONIC | Principal |

**Service**

| Sl. | Service | Requested | Rejected | Approved | TPA Comments/Denial Info |
|---|---|---|---|---|---|
| 2 | INFLA-BAN (0046-149902-0511) | Qty: 1.00<br>Gross Amt: 3.10<br>PatientShare:0.00<br>Net Amt: 3.10 | Qty: 0.00<br>Amt:0.00 | Qty: 1<br>Gross Amt:3.10<br>PatientShare:0.00<br>Net Amt:3.10 | |
| 3 | THER/PROPH/DIAG INJ SC/IM (96372) | Qty: 1.00<br>Gross Amt: 15.00<br>PatientShare:0.00<br>Net Amt: 15.00 | Qty: 0.00<br>Amt:0.00 | Qty: 1<br>Gross Amt:15.00<br>PatientShare:0.00<br>Net Amt:15.00 | |
| 1 | Consultation GP (9) | Qty: 1.00<br>Gross Amt: 35.00<br>PatientShare:0.00<br>Net Amt: 35.00 | Qty: 0.00<br>Amt:3.50 | Qty: 1<br>Gross Amt:35.00<br>PatientShare:3.50<br>Net Amt:31.50 | Denial Code : PRCE-001 / Calculation discrepancy |

| | Net Requested | Rejected | Net Approved |
|---|---|---|---|
| Summary | 53.10 | 3.50 | 49.60 |

## TPA response

**TPA Comments**

**Processed by** JBMT1352

**Datetime** 01-May-2023 04:08 PM