Authorisation Letter

J-225963/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 01-May-2023 9:15 pm

Action Date : **01-May-2023 9:29 pm**
Action By : Sathyajith VC

Processed

Patient : **ELEANOR MANGUBAT**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I040-029-113718534-01** **Policy** : UICECA3774-Jan23

Employer : STAYBRIDGE SUITES FZ L.L.C.
Gender : Male **DOB** : 06-Nov-1976
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	E78.5	Hyperlipidemia, unspecified
2	ICD10	I10	Essential (primary) hypertension

Provider Remarks

kindly provide approval

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	84478	TRIGLYCERIDES	1.00	1.00	17.00	0.00	17.00	Approved		
2	83719	LIPOPROTEIN DIRECT MEASSUREMENT VLDL CHOLESTEROL	1.00	1.00	27.00	0.00	27.00	Approved		
3	82480	CHOLINESTERASE SERUM	1.00	1.00	22.00	0.00	22.00	Approved		
4	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
		Total :	**4.00**	**4.00**	**101.00**	**7.00**	**94.00**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :03-May-2023 3:42:13PM

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