

Authorisation Letter

J-226567/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 02-May-2023 11:25 am

Processed

Request Date : 02-May-2023 11:04 am

Action By : Vijina KV

Page 1 of 2

Patient : Muhammad Hasnain Haider

Employer : EXPRESS VULCAN DELIVERY SERVICES L.L.C- BASIC

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

Gender : Male **DOB** : 02-Aug-1990

Card No : I006-029-118301964-01 **Policy** : 11-15152-2022-496

Doctor : Enomen Goodluck Ekata

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20%	20%	20%	30% Max 1500	20% CAP 500	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	N10	Acute tubulo-interstitial nephritis
2	ICD10	R50.9	Fever, unspecified
3	ICD10	R52	Pain, unspecified
4	ICD10	N20.1	Calculus of ureter
5	ICD10	E86.0	Dehydration
6	ICD10	R11.10	Vomiting, unspecified

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly share the CBC CRP Urine analysis report findings

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Sl. Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service									
1	9	Consultation GP	1.00	0.00	35.00	0.00	0.00	Reject	TIME-003 - Appeal procedures not followed or time limits not met
2	96360	HYDRATION IV INFUSION INIT	1.00	1.00	20.00	5.00	20.00	Approved	
3	0046-149 902-0511	INFLA-BAN	1.00	1.00	2.48	0.62	2.48	Approved	
4	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	0.00	38.80	0.00	0.00	Reject	AUTH-012 - Request for information
5	76856	US PELVIC NONOBSTETRIC REAL TIME IMAGE COMPLETE	1.00	0.00	129.60	0.00	0.00	Reject	AUTH-012 - Request for information
6	81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	1.00	1.00	7.20	1.80	7.20	Approved	
7	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	17.60	4.40	17.60	Approved	
8	86140	C REACTIVE PROTEIN	1.00	1.00	12.00	3.00	12.00	Approved	
		Total :	8.00	5.00	262.68	14.82	59.28		

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 04-May-2023 2:07:27PM

* 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.