Authorisation Letter

J-231644/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 04-May-2023 7:34 pm

Action Date : **04-May-2023 7:54 pm**
Action By : santhosh.g

Processed

Patient : **LEAH MARCELO APOSTOL**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-116125800-02** **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Female **DOB** : 06-May-1978
Doctor : Enomen Goodluck Ekata

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	I10	Essential (primary) hypertension
2	ICD10	D64.9	Anemia, unspecified
3	ICD10	E78.5	Hyperlipidemia, unspecified

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	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	1.00	1.00	12.00	0.00	12.00	Approved		
3	82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	1.00	1.00	11.00	0.00	11.00	Approved		
4	84443	THYROID STIMULATING HORMONE TSH	1.00	1.00	48.00	0.00	48.00	Approved		
5	84478	TRIGLYCERIDES	1.00	1.00	17.00	0.00	17.00	Approved		
6	85041	BLOOD COUNT RED BLOOD CELL AUTOMATED	1.00	1.00	9.00	0.00	9.00	Approved		
		Total :	**6.00**	**6.00**	**132.00**	**3.50**	**128.50**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :05-May-2023 10:05:14AM

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