Authorisation Letter

J-236531/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 07-May-2023 6:03 pm

Action Date : **07-May-2023 6:05 pm**
Action By : Vijina KV

Processed

Patient : **FLORDELIZA SANTIAGO SUCGANG**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-115434084-02** **Policy** : 200026

Employer : MOVENPICK HOTEL JUMEIRAH LAKES TOWERS.-
Gender : Female **DOB** : 04-Nov-1980
Doctor : Enomen Goodluck Ekata

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R19.7	Diarrhea, unspecified
2	ICD10	E86.0	Dehydration

Provider Remarks

kindly provide approval

TPA Remarks

Kindly share the CBC report findings

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	0.00	48.50	0.00	0.00	Reject	AUTH-012 - Request for information	
2	96360	HYDRATION IV INFUSION INIT	1.00	0.00	25.00	0.00	0.00	Reject	AUTH-012 - Request for information	
3	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
		Total :	**3.00**	**1.00**	**108.50**	**3.50**	**31.50**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :08-May-2023 12:32:27PM

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