

# Authorisation Letter

**J-236531/2023**

**Provider** : Peshawar Medical Centre-Al Barsha

**Action Date** : 07-May-2023 6:05 pm

**Processed**

**Request Date** : 07-May-2023 6:03 pm

**Action By** : Vijina KV

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**Patient** : FLORDELIZA SANTIAGO SUCGANG

**Employer** : MOVENPICK HOTEL JUMEIRAH LAKES TOWERS.-

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

**Gender** : Female **DOB** : 04-Nov-1980

**Card No** : I017-029-115434084-02 **Policy** : 200026

**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 |
|--------------------------------|----------------------|----------------------------|-------------|-------------|---------------|-------------|--------------|-----------------------|------------------------------------|---------|
| <b>Activity Type : Service</b> |                      |                            |             |             |               |             |              |                       |                                    |         |
| 1                              | 0195-107<br>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        | Partially<br>Approved | PRCE-001 - Calculation discrepancy |         |
| <b>Total :</b>                 |                      |                            | <b>3.00</b> | <b>1.00</b> | <b>108.50</b> | <b>3.50</b> | <b>31.50</b> |                       |                                    |         |

**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

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.