

Authorisation Letter

J-236689/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 07-May-2023 7:00 pm

Processed

Request Date : 07-May-2023 7:00 pm

Action By : System Processed

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Patient : EMMA HADDAD EMMA HADDAD

Employer : KOSMONTE FOODS LLC-

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

Gender : Female **DOB** : 31-Mar-2016

Card No : I005-029-116406793-02 **Policy** : 354860

Doctor : Mohammadmahdi Ghodstehrani

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	NIL	NIL LIMIT 5000	NIL	10%	NA

Sl. Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service									
1	10	Consultation Specialist	1.00	1.00	55.00	11.00	44.00	Partially Approved	PRCE-001 - Calculation discrepancy
		Total :	1.00	1.00	55.00	11.00	44.00		

Printed By : System Processed

Print Date :08-May-2023 12:38:46PM

* 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.