

Authorisation Letter

J-238601/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 08-May-2023 7:50 pm

Processed

Request Date : 08-May-2023 7:43 pm

Action By : irshad.pasha

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Patient : BABA FAKRUDDIN SHAIK

Employer : MOVENPICK HOTEL JUMEIRAH LAKES TOWERS.-

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

Gender : Male **DOB** : 10-Jun-1995

Card No : I017-029-115434056-02 **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	L03.818	Cellulitis of other sites

Provider Remarks

KINDLY PROVIDE APPROVAL
THANK YOU

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	10060	DRAINAGE OF SKIN ABSCESS	1.00	1.00	60.00	0.00	60.00	Approved		
2	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partially Approved	PRCE-001 - Calculation discrepancy	
3	96372	THER/PROPH/DIAG INJ SC/IM	1.00	1.00	15.00	0.00	15.00	Approved		
4	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
5	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved		
		Total :	5.00	5.00	161.60	3.50	158.10			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 09-May-2023 8:58:21AM

* 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.