Authorisation Letter

J-242662/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 10-May-2023 7:44 pm

Action Date : **10-May-2023 7:55 pm**
Action By : santhosh.g

Processed

Patient : **MUHAMMAD ABU BAKR FAHAD**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I040-029-115696859-01** **Policy** : P/2700/700/2022/100/1135

Employer : RAVIAN SHIPPING LINES (L.L.C)
Gender : Male **DOB** : 24-May-2009
Doctor : Mohammadmahdi Ghodstehrani

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	J20.9	Acute bronchitis, unspecified
2	ICD10	R05	Cough
3	ICD10	R50.9	Fever, unspecified
4	ICD10	J02.9	Acute pharyngitis, unspecified

Provider Remarks

Please provide the approval

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	0005-111 805-1021	CHLOROHISTOL INJECTION	1.00	1.00	1.08	0.12	1.08	Approved		
2	10	Consultation Specialist	1.00	1.00	55.00	11.00	44.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
3	96360	HYDRATION IV INFUSION INIT	1.00	1.00	22.50	2.50	22.50	Approved		
4	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	43.65	4.85	43.65	Approved		
5	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.27	0.25	2.27	Approved		
		Total :	**5.00**	**5.00**	**124.50**	**18.72**	**113.50**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :10-May-2023 8:22:57PM

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