

Authorisation Letter

J-242662/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 10-May-2023 7:55 pm

Processed

Request Date : 10-May-2023 7:44 pm

Action By : santhosh.g

Page 1 of 1

Patient : MUHAMMAD ABU BAKR FAHAD

Employer : RAVIAN SHIPPING LINES (L.L.C)

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

Gender : Male **DOB** : 24-May-2009

Card No : I040-029-115696859-01 **Policy** : P/2700/700/2022/100/1135

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

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.