Authorisation Letter

J-242891/2023

Processed

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 10-May-2023 8:53 pm

Request Date : 10-May-2023 8:53 pm

: System Processed

Page 1 of 1

Patient : NAZISH SOHAIB

Employer

Action By

Gender

: AL ZAJEL REAL ESTATE LLC & Subgroups-ENHANCED HSB

Ins.Company : E CARE INTERN

: E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

: Female

DOB : 09-Nov-1981

Card No : I006-029-114508295-01

Policy: 11-15152-2022-832

Doctor : Enomen Goodluck Ekata

Patient	Snare

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL				
20% upto AED 25	NIL	NIL	NIL LIMIT 7500	NIL	10%	NA				

Provider Remarks

PLEASE PROVIDE THE APPROVAL

SI.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Ac	Activity Type : Service									
1	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
3	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
4	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
5	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
		Total :	5.00	5.00	90.10	7.00	83.10			

Print Date :10-May-2023 8:56:49PM

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.

^{*} VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION