Authorisation Letter

J-246936/2022

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 20-Oct-2021 11:11 am

Action Date : **20-Oct-2021 11:22 am**
Action By : Sathyajith VC

Processed

Patient : **MOHAMED SAYED HASSAN MOHAMED**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I014-029-115298024-03** **Policy** : 02/ECR/2021/33563

Employer : CANAL CENTRAL HOTEL LLC-
Gender : Male **DOB** : 17-Mar-1997
Doctor : RUBNA JASEEM

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	L29.9	Pruritus, unspecified
2	ICD10	R63.1	Polydipsia
3	ICD10	R63.2	Polyphagia
4	ICD10	L20.9	Atopic dermatitis, unspecified
5	ICD10	L50.9	Urticaria, unspecified

TPA Remarks

Requested service not covered

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
2	82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	1.00	1.00	11.00	0.00	11.00	Approved		
3	82785	GAMMAGLOBULIN IGE	1.00	0.00	48.00	0.00	0.00	Reject	NCOV-003 - Service(s) is (are) not covered	
		Total :	**3.00**	**2.00**	**74.00**	**0.00**	**26.00**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :20-Oct-2021 11:28:02AM

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