

Authorisation Letter

J-246936/2022

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 20-Oct-2021 11:22 am

Processed

Request Date : 20-Oct-2021 11:11 am

Action By : Sathyajith VC

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Patient : MOHAMED SAYED HASSAN MOHAMED

Employer : CANAL CENTRAL HOTEL LLC-

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

Gender : Male **DOB** : 17-Mar-1997

Card No : I014-029-115298024-03 **Policy** : 02/ECR/2021/33563

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

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.