

Authorisation Letter

J-246408/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 12-May-2023 9:42 pm

Processed

Request Date : 12-May-2023 9:42 pm

Action By : System Processed

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Patient : ZUHAYR ALI

Employer : WAJID ALI SHAH-600838

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

Gender : Male **DOB** : 28-Feb-2018

Card No : I017-029-116381377-02 **Policy** : 600838

Doctor : Enomen Goodluck Ekata

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20%	20%	20%	30% Max 1500	20% CAP 500	10%	NA

Provider Remarks

Dear Team,

Please see attchedclaim form for approval request.

Thank you

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	96360	HYDRATION IV INFUSION INIT	1.00	1.00	20.00	5.00	20.00	Approved		
2	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.02	0.50	2.02	Approved		
3	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partially Approved	PRCE-001 - Calculation discrepancy	
4	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	38.80	9.70	38.80	Approved		
		Total :	4.00	4.00	95.82	22.20	88.82			

Printed By : System Processed

Print Date :13-Jun-2023 8:55:06AM

* 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.