Authorisation Letter

J-248716/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 14-May-2023 10:50 am

Action Date : **14-May-2023 11:08 am**
Action By : irshad.pasha

Processed

Patient : **NISHANTHI PUSHPA KUMARI**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-116223024-02** **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Female **DOB** : 26-Feb-1981
Doctor : Enomen Goodluck Ekata

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% upto AED 25	NIL	NIL	NIL LIMIT 150000	NIL	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	M25.572	Pain in left ankle
2	ICD10	M13.172	Monoarthritis, not elsewhere classified, left ankle and foot

Provider Remarks

Dear team 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	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	84550	URIC ACID BLOOD	1.00	1.00	13.00	0.00	13.00	Approved		
3	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
4	86038	ANTINUCLEAR ANTIBODIES ANA	1.00	1.00	34.00	0.00	34.00	Approved		
5	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
6	86430	RHEUMATOID FACTOR QUALITATIVE	1.00	1.00	16.00	0.00	16.00	Approved		
		Total :	**6.00**	**6.00**	**135.00**	**3.50**	**131.50**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :15-May-2023 2:55:54PM

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