Authorisation Letter

J-249546/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 14-May-2023 6:33 pm

Action Date : **14-May-2023 6:34 pm**
Action By : irshad.pasha

Processed

Patient : **MUHAMMAD USMAN**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-118740281-01** **Policy** : 200020

Employer : TH8 A HOUSE OF ORIGINALS HOTEL - FZE .
Gender : Male **DOB** : 18-Oct-1996
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	K29.00	Acute gastritis without bleeding
2	ICD10	J06.9	Acute upper respiratory infection, unspecified
3	ICD10	R09.81	Nasal congestion
4	ICD10	R07.0	Pain in throat

Provider Remarks

KINDLY PROVIDE APPROVAL
THANK YOU

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
2	9.01	Follow Up Consultation GP	1.00	1.00	0.00	0.00	0.00	Approved		
3	0005-242 802-0781	PANTONIX I.V.	1.00	1.00	29.50	0.00	29.50	Approved		
		Total :	**3.00**	**3.00**	**44.50**	**0.00**	**44.50**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :15-May-2023 5:08:26PM

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