

Authorisation Letter

J-255276/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 17-May-2023 6:30 pm

Processed

Request Date : 17-May-2023 6:30 pm

Action By : System Processed

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Patient : NARESH KUMAR TAJPURIYA DEV LAL TAJPURIYA
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : I040-029-118249221-01 **Policy** : UICECA3774-Jan23

Employer : STAYBRIDGE SUITES FZ L.L.C.
Gender : Male **DOB** : 14-Mar-1994
Doctor : Sumaiya Galib

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	NIL	NIL LIMIT 7500	NIL	10%	NA

Provider Remarks

Dear Team,

Please see attached claim 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	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
2	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
3	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
4	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
5	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partially Approved	PRCE-001 - Calculation discrepancy	
Total :			5.00	5.00	90.10	7.00	83.10			

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Print Date : 17-May-2023 6:32:58PM

* 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.