

Authorisation Letter

J-255495/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 17-May-2023 7:44 pm

Processed

Request Date : 17-May-2023 7:34 pm

Action By : Sathyajith VC

Page 1 of 2

Patient : CHARLENE RAMSAMY

Employer : M A K POOLS AND GARDENS L.L.C

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

Gender : Female **DOB** : 30-Jul-1980

Card No : I017-029-118918862-01 **Policy** : 200086

Doctor : Sumaiya Galib

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R14.0	Abdominal distension (gaseous)
2	ICD10	E03.9	Hypothyroidism, unspecified
3	ICD10	N92.1	Excessive and frequent menstruation with irregular cycle
4	ICD10	R53.82	Chronic fatigue, unspecified
5	ICD10	R00.2	Palpitations

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly share us the complete medical history- duration, onset of the complaints
 -Mention since how long member k/c/o hypothyroidism -
 share previous reports

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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	7.00	28.00	Partially Approved	PRCE-001 - Calculation discrepancy
2	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved	
3	84480	TRIIODOTHYRONINE T3 TOTAL TT3	1.00	0.00	41.00	0.00	0.00	Reject	AUTH-012 - Request for information
4	82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	1.00	1.00	11.00	0.00	11.00	Approved	
5	80051	ELECTROLYTE PANEL	1.00	0.00	29.00	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice
6	84443	THYROID STIMULATING HORMONE TSH	1.00	0.00	48.00	0.00	0.00	Reject	AUTH-012 - Request for information
		Total :	6.00	3.00	186.00	7.00	61.00		

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 18-May-2023 2:12:23PM

* 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.