

Authorisation Letter

J-260202/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 20-May-2023 3:33 pm

Processed

Request Date : 20-May-2023 3:27 pm

Action By : irshad.pasha

Page 1 of 1

Patient : SAMIR ELSAYED MOHAMED ALI GONNA

Employer : IFA HI TRUNK FZE-

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

Gender : Male **DOB** : 17-Sep-1988

Card No : I017-029-117981249-02 **Policy** : 200018

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	N39.0	Urinary tract infection, site not specified
2	ICD10	N20.1	Calculus of ureter
3	ICD10	D72.829	Elevated white blood cell count, unspecified
4	ICD10	R52	Pain, unspecified

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	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	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
4	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved		
Total :			4.00	4.00	66.60	0.00	66.60			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 20-May-2023 3:36:11PM

* 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.