Authorisation Letter

J-260202/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 20-May-2023 3:27 pm

Action Date : **20-May-2023 3:33 pm**
Action By : irshad.pasha

Processed

Patient : **SAMIR ELSAYED MOHAMED ALI GONNA**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-117981249-02** **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Male **DOB** : 17-Sep-1988
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