Authorisation Letter

J-265057/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 23-May-2023 10:26 am

Action Date : **23-May-2023 10:33 am**
Action By : Vijina KV

Processed

Patient : **BISHNU PRASAD KHANAL**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I040-029-118061082-01** **Policy** : UICECA3774-Jan23

Employer : STAYBRIDGE SUITES FZ L.L.C.
Gender : Male **DOB** : 23-Sep-1980
Doctor : Enomen Goodluck Ekata

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R11.10	Vomiting, unspecified
2	ICD10	E86.0	Dehydration
3	ICD10	R53.1	Weakness
4	ICD10	R19.7	Diarrhea, unspecified
5	ICD10	R10.13	Epigastric pain
6	ICD10	K29.00	Acute gastritis without bleeding

Provider Remarks

Dear team
please provide the approval
thank you

TPA Remarks

Kindly share the One month PPI trial mangement response

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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	10	Consultation Specialist	1.00	1.00	55.00	11.00	44.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	96360	HYDRATION IV INFUSION INIT	1.00	1.00	25.00	0.00	25.00	Approved		
3	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
4	0005-242 802-0781	PANTONIX I.V.	1.00	1.00	29.50	0.00	29.50	Approved		
5	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
6	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
7	86677	ANTIBODY HELICOBACTER PYLORI	1.00	0.00	42.00	0.00	0.00	Reject	AUTH-012 - Request for information	
		Total :	**7.00**	**6.00**	**203.50**	**11.00**	**150.50**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :23-May-2023 11:04:43AM

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