

Authorisation Letter

J-268986/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 25-May-2023 12:52 pm

Processed

Request Date : 25-May-2023 12:52 pm

Action By : System Processed

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Patient : RABIN KADEL

Employer : IFA HI TRUNK FZE-

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

Gender : Male **DOB** : 10-Oct-1998

Card No : I017-029-117588521-02 **Policy** : 200018

Doctor : Sumaiya Galib

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% upto AED 25	NIL	NIL	NIL LIMIT 150000	NIL	10%	NA

Provider Remarks

please providex the approval

Sl. Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service									
1	0005-111 805-1021	CHLOROHISTOL INJECTION	1.00	1.00	1.20	0.00	1.20	Approved	
2	96360	HYDRATION IV INFUSION INIT	1.00	1.00	25.00	0.00	25.00	Approved	
3	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved	
4	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved	
		Total :	4.00	4.00	77.22	0.00	77.22		

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Print Date :25-May-2023 1:25:21PM

* 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.