Authorisation Letter

J-269304/2023

Provider : Peshawar Medical Centre-Al Barsha **Action Date** : 25-May-2023 4:37 pm Processed

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Request Date : 25-May-2023 4:37 pm **Action By** : System Processed

Patient : SUJAN RIMAL **Employer**

: MOVENPICK HOTEL JUMEIRAH LAKES TOWERS .-

Ins.Company

: E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Policy : 200026

: Male

: 26-Apr-2000

Card No

: 1017-029-117636393-02

Gender Doctor DOB

: Sumaiya Galib

	Patient Share												
CONSULTATION	CONSULTATION LAB/RADIOLOGY		PHARMACY	IP	MATERNITY	DENTAL							
10% upto AED 25	NIL	NIL	NIL Max 150000	NIL	10%	NA							

Provider Remarks

Dear team

please provide the approval

thank you

SI.	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	3.50	31.50	Partialy 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	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved			
		Total :	3.00	3.00	72.00	3.50	68.50				

Print Date :25-May-2023 5:16:10PM Printed By : System Processed

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.

^{*} VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION