

Authorisation Letter

J-280665/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 01-Jun-2023 1:37 pm

Processed

Request Date : 01-Jun-2023 1:33 pm

Action By : Glory

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Patient : MARYJANE ARAYAN SUMILLER

Employer : TH8 A HOUSE OF ORIGINALS HOTEL - FZE .

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

Gender : Female **DOB** : 22-Mar-1991

Card No : I017-029-118740280-01 **Policy** : 200020

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	K29.00	Acute gastritis without bleeding
2	ICD10	R19.7	Diarrhea, unspecified
3	ICD10	T39.395A	Adverse effect of nonsteroidal anti-inflammatory drugs, init

Provider Remarks

Please provide the approval

Sl.	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	Partially Approved	PRCE-001 - Calculation discrepancy	
2	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
3	2190-106 618-1001	PARAFUSIV	1.00	1.00	8.40	0.00	8.40	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		
Total :			6.00	6.00	124.90	3.50	121.40			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 01-Jun-2023 2:03:49PM

* 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.