Authorisation Letter

J-290365/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 06-Jun-2023 9:41 pm

Action Date : **06-Jun-2023 9:41 pm**
Action By : System Processed

Processed

Patient : **BALAIAH BANDI**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-117559344-02** **Policy** : 200026

Employer : MOVENPICK HOTEL JUMEIRAH LAKES TOWERS.-
Gender : Male **DOB** : 06-Aug-1988
Doctor : Sumaiya Galib

Patient Share

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

Provider Remarks

kindly provide approval
thank you

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
2	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
3	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
4	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
5	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
		Total :	**5.00**	**5.00**	**89.52**	**3.50**	**86.02**			

Printed By : System Processed

Print Date :08-Jun-2023 2:28:34PM

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