

# Authorisation Letter

**J-290365/2023**

**Provider** : Peshawar Medical Centre-Al Barsha

**Action Date** : 06-Jun-2023 9:41 pm

Processed

**Request Date** : 06-Jun-2023 9:41 pm

**Action By** : System Processed

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**Patient** : BALAIAH BANDI

**Employer** : MOVENPICK HOTEL JUMEIRAH LAKES TOWERS.-

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

**Gender** : Male **DOB** : 06-Aug-1988

**Card No** : I017-029-117559344-02 **Policy** : 200026

**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 |
|--------------------------------|--------------------------------------------------------|-------------|-------------|--------------|-------------|--------------|--------------------|------------------------------------|---------|
| <b>Activity Type : Service</b> |                                                        |             |             |              |             |              |                    |                                    |         |
| 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        | Partially 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           |                                    |         |
|                                | <b>Total :</b>                                         | <b>5.00</b> | <b>5.00</b> | <b>89.52</b> | <b>3.50</b> | <b>86.02</b> |                    |                                    |         |

**Printed By** : System Processed

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

\* 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.