Authorisation Letter

J-300867/2023

 Request Date
 : 12-Jun-2023 11:12 pm
 Action By
 : System Processed

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Patient : SHILPI AJAY KUMAR Employer : STAYBRIDGE SUITES FZ L.L.C.

Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC Gender : Female DOB : 03-Feb-1987

	Patient Share												
CONSULTATION	CONSULTATION LAB/RADIOLOGY		PHARMACY	IP	MATERNITY	DENTAL							
20% max 25	NIL	NIL	NIL LIMIT 7500	NIL	10%	NA							

Provider Remarks

KINDLY PROVIDE APPROVAL

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	7.00	28.00	Partialy 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	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
		Total :	3.00	3.00	53.10	7.00	46.10			

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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