Authorisation Letter

J-301370/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 13-Jun-2023 11:10 am

Action Date : **13-Jun-2023 11:19 am**
Action By : santhosh.g

Processed

Patient : **RAJU GONGBA**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-115381314-02** **Policy** : 200019

Employer : RIVA RISTORANTE BAR & BEACH -
Gender : Male **DOB** : 03-May-1993
Doctor : Sumaiya Galib

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	N04.8	Nephrotic syndrome with other morphologic changes
2	ICD10	R22.43	Localized swelling, mass and lump, lower limb, bilateral
3	ICD10	N28.89	Other specified disorders of kidney and ureter
4	ICD10	Z87.440	Personal history of urinary (tract) infections

Provider Remarks

Dear Team,

Please see atatched claim form for approval request.

Thank you

TPA Remarks

Kindly provide us the approved lab reports

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	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	80069	RENAL FUNCTION PANEL	1.00	0.00	131.00	0.00	0.00	Reject	AUTH-012 - Request for information	
3	81015	URINALYSIS MICROSCOPIC ONLY	1.00	1.00	9.00	0.00	9.00	Approved		
4	82043	ALBUMIN URINE MICROALBUMIN QUANTIATIVE	1.00	1.00	17.00	0.00	17.00	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**	**5.00**	**229.00**	**3.50**	**94.50**			

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Printed By : Peshawar Medical Centre-Al Barsha

Print Date :13-Jun-2023 11:57:07AM

* 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.