

Authorisation Letter

J-322841/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 26-Jun-2023 10:57 am

Processed

Request Date : 26-Jun-2023 10:38 am

Action By : irshad.pasha

Page 1 of 2

Patient : CHURAMANI KUNWAR HIM LAL KUNWAR

Employer : STAYBRIDGE SUITES FZ L.L.C.

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

Gender : Male **DOB** : 07-Dec-1986

Card No : I040-029-117570380-01 **Policy** : UICECA3774-Jan23

Doctor : Enomen Goodluck Ekata

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R35.0	Frequency of micturition
2	ICD10	R10.13	Epigastric pain
3	ICD10	Z83.3	Family history of diabetes mellitus
4	ICD10	K29.00	Acute gastritis without bleeding

Provider Remarks

Dear team
please provide the approval
thank you

TPA Remarks

REAGENT STRIP/BLOOD GLUCOSE (82948) not covered.

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	82948	REAGENT STRIP/BLOOD GLUCOSE	1.00	0.00	9.00	0.00	0.00	Reject	NCOV-003 - Service(s) is (are) not covered	
2	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
3	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
4	0005-242 802-0781	PANTONIX I.V.	1.00	1.00	29.50	0.00	29.50	Approved		
5	81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	1.00	1.00	9.00	0.00	9.00	Approved		
6	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
7	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
		Total :	7.00	6.00	134.50	7.00	118.50			

Authorisation Letter

J-322841/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 26-Jun-2023 10:57 am

Processed

Request Date : 26-Jun-2023 10:38 am

Action By : irshad.pasha

Page 2 of 2

Patient : **CHURAMANI KUNWAR HIM LAL KUNWAR**

Employer : STAYBRIDGE SUITES FZ L.L.C.

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

Gender : Male **DOB** : 07-Dec-1986

Card No : **I040-029-117570380-01** **Policy** : UICECA3774-Jan23

Doctor : Enomen Goodluck Ekata

Patient Share

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

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :26-Jun-2023 12:47:57PM

* 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.