Authorisation Letter

J-326425/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 29-Jun-2023 12:28 pm

Action Date : **29-Jun-2023 12:30 pm**
Action By : santhosh.g

Processed

Patient : **Kashmir Singh**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I035-029-119401198-01** **Policy** : TBA UC FORWARD

Employer : UC FORWARD MARKETING FZ.LLC
Gender : Male **DOB** : 02-Mar-1985
Doctor : Enomen Goodluck Ekata

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R11.2	Nausea with vomiting, unspecified
2	ICD10	J02.9	Acute pharyngitis, unspecified
3	ICD10	G44.89	Other headache syndrome
4	ICD10	J01.40	Acute pansinusitis, unspecified

Provider Remarks

Dear Team,

Please see attached new claim form for approval request.

Thank you

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	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	96360	HYDRATION IV INFUSION INIT	1.00	1.00	22.50	2.50	22.50	Approved		
3	0046-149 902-0511	INFLA-BAN	1.00	1.00	2.79	0.31	2.79	Approved		
4	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	43.65	4.85	43.65	Approved		
5	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.27	0.25	2.27	Approved		
		Total :	**5.00**	**5.00**	**106.21**	**14.91**	**99.21**			

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Printed By : Peshawar Medical Centre-Al Barsha

Print Date :29-Jun-2023 12:38:51PM

* 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.