

# Authorisation Letter

J-331865/2023

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

**Action Date** : 03-Jul-2023 12:27 pm

Processed

**Request Date** : 03-Jul-2023 12:15 pm

**Action By** : Vijina KV

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**Patient** : PRITISUNDAR GIRI

**Employer** : TH8 A HOUSE OF ORIGINALS HOTEL - FZE .

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

**Gender** : Male **DOB** : 30-Jun-1991

**Card No** : I017-029-115381309-02 **Policy** : 200020

**Doctor** : Enomen Goodluck Ekata

## 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 | S91.311S | Laceration without foreign body, right foot, sequela |

## Provider Remarks

Dear team

Kindly see the attachment and please provide the approval

971-564248472, this is patient number

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                              | 51.02                | Non-surgical cleansing with surgical dressing between 16 sq inches / 100 sq centimeters and 48 sq inches / 300 sq centimeters | 1.00        | 1.00        | 24.00         | 0.00        | 24.00         | Approved           |                                    |         |
| 2                              | 9                    | Consultation GP                                                                                                               | 1.00        | 1.00        | 35.00         | 3.50        | 31.50         | Partially 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                              | 0046-149<br>902-0511 | INFLA-BAN                                                                                                                     | 1.00        | 1.00        | 3.10          | 0.00        | 3.10          | 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           |                                    |         |
| <b>Total :</b>                 |                      |                                                                                                                               | <b>6.00</b> | <b>6.00</b> | <b>114.10</b> | <b>3.50</b> | <b>110.60</b> |                    |                                    |         |

**Printed By** : Peshawar Medical Centre-Al Barsha

**Print Date** : 03-Jul-2023 12:56:48PM

\* 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.