Authorisation Letter

J-332026/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 03-Jul-2023 1:55 pm

Action Date : **03-Jul-2023 2:07 pm**
Action By : Vijina KV

Processed

Patient : **MAZHAR HANIF**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-114504364-02** **Policy** : 200019

Employer : RIVA RISTORANTE BAR & BEACH -
Gender : Male **DOB** : 07-Oct-1987
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	R10.13	Epigastric pain
2	ICD10	L29.9	Pruritus, unspecified
3	ICD10	R07.9	Chest pain, unspecified
4	ICD10	L20.9	Atopic dermatitis, unspecified
5	ICD10	R11.2	Nausea with vomiting, unspecified

Provider Remarks

Dear team

Kindly see the attachment and please provide the approval

Thank you.

TPA Remarks

Kindly share the PPI trial mangement response

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Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
2	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
3	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
4	93000	ELECTROCARDIOGRAM COMPLETE	1.00	1.00	52.00	0.00	52.00	Approved		
5	86677	ANTIBODY HELICOBACTER PYLORI	1.00	0.00	42.00	0.00	0.00	Reject	TIME-002 - Requested additional information was not received or was not received within time limit	
		Total :	**5.00**	**4.00**	**166.00**	**3.50**	**120.50**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :03-Jul-2023 2:15:47PM

* VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION