## **Authorisation Letter**

J-332026/2023

Processed

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Provider : Peshawar Medical Centre-Al Barsha : Peshawar Medical Centre-Al Barsha : 03-Jul-2023 2:07 pm

Request Date : 03-Jul-2023 1:55 pm Action By : Vijina KV

Patient : MAZHAR HANIF Employer : RIVA RISTORANTE BAR & BEACH -

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

Gender : Male

DOB : 07-Oct-1987

 Card No
 : 1017-029-114504364-02
 Policy
 : 200019
 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

SI.	Туре	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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Patient : MAZHAR HANIF

Employer : RTV

: RIVA RISTORANTE BAR & BEACH -

: 07-Oct-1987

Ins.Company : E

: E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Gender : Male DOB

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 Doctor : Enomen Goodluck Ekata

Patient Share									
CONSULTATION LAB/RADIOLOGY		PHYSIO	PHARMACY	IP	MATERNITY	DENTAL			
10% upto AED 25	10% upto AED 25 NIL NIL		NIL LIMIT 150000	NIL	10%	NA			

SI.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Ac	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 2:15:47PM

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.

<sup>\*</sup> VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION