Authorisation Letter

J-336671/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 05-Jul-2023 9:05 pm

Action Date : **05-Jul-2023 9:12 pm**
Action By : irshad.pasha

Processed

Patient : **BAPAN DAS**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-116136821-02** **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Male **DOB** : 17-May-1987
Doctor : Sumaiya Chidambaram

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	J03.90	Acute tonsillitis, unspecified
2	ICD10	R50.9	Fever, unspecified
3	ICD10	R07.0	Pain in throat
4	ICD10	R05	Cough

Provider Remarks

Dear team

Kindly see the attachment and please provide the approval

Thank you.

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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	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
2	2190-106 618-1001	PARAFUSIV	1.00	1.00	8.40	0.00	8.40	Approved		
3	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
4	0005-111 805-1021	CHLOROHISTOL INJECTION	1.00	1.00	1.20	0.00	1.20	Approved		
5	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
6	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
7	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved		
8	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
		Total :	**8.00**	**8.00**	**147.62**	**3.50**	**144.12**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :05-Jul-2023 9:42:17PM

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