

Authorisation Letter

J-336671/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 05-Jul-2023 9:12 pm

Processed

Request Date : 05-Jul-2023 9:05 pm

Action By : irshad.pasha

Page 1 of 2

Patient : BAPAN DAS

Employer : IFA HI TRUNK FZE-

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

Gender : Male **DOB** : 17-May-1987

Card No : I017-029-116136821-02 **Policy** : 200018

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	Partially 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

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.