

Authorisation Letter

J-336714/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 05-Jul-2023 9:36 pm

Processed

Request Date : 05-Jul-2023 9:36 pm

Action By : System Processed

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Patient : MOHAMMED SALIM KADER

Employer : STAYBRIDGE SUITES FZ L.L.C.

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

Gender : Male **DOB** : 02-Apr-1982

Card No : I040-029-113718971-01 **Policy** : UICECA3774-Jan23

Doctor : Sumaiya Galib

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	NIL	NIL LIMIT 7500	NIL	10%	NA

Provider Remarks

Dear team

Kindly see the attachment and please provide the approval

Thank you.

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	7.00	28.00	Partially Approved	PRCE-001 - Calculation discrepancy	
3	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
		Total :	3.00	3.00	72.00	7.00	65.00			

Printed By : System Processed

Print Date : 05-Jul-2023 9:38:53PM

* 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.