

Authorisation Letter

J-338392/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 06-Jul-2023 10:53 pm

Processed

Request Date : 06-Jul-2023 10:46 pm

Action By : nabeel.valappil

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Patient : LOVEKUSH PAL

Employer : IFA HI TRUNK FZE-

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

Gender : Male **DOB** : 29-Sep-1997

Card No : I017-029-117742726-02 **Policy** : 200018

Doctor : Sumaiya Galib

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	A05.9	Bacterial foodborne intoxication, unspecified
2	ICD10	R10.10	Upper abdominal pain, unspecified
3	ICD10	R11.2	Nausea with vomiting, unspecified
4	ICD10	K29.00	Acute gastritis without bleeding

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	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partially Approved	PRCE-001 - Calculation discrepancy	
2	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
3	0005-242 802-0781	PANTONIX I.V.	1.00	1.00	29.50	0.00	29.50	Approved		
4	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved		
Total :			4.00	4.00	128.00	3.50	124.50			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 07-Jul-2023 9:43:58AM

* 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.