Authorisation Letter

J-338392/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 06-Jul-2023 10:46 pm

Action Date : **06-Jul-2023 10:53 pm**
Action By : nabeel.valappil

Processed

Patient : **LOVEKUSH PAL**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-117742726-02** **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Male **DOB** : 29-Sep-1997
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	Partialy 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