

# Authorisation Letter

**J-345078/2023**

**Provider** : Peshawar Medical Centre-Al Barsha

**Action Date** : 11-Jul-2023 9:47 am

Processed

**Request Date** : 11-Jul-2023 9:47 am

**Action By** : System Processed

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**Patient** : SAROJ BHATTARAI  
**Ins.Company** : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC  
**Card No** : I017-029-118146589-02 **Policy** : 200018

**Employer** : IFA HI TRUNK FZE-  
**Gender** : Male **DOB** : 02-Sep-1986  
**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     |

## Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

| Sl.                            | Code                 | Description                                         | Req.Qty     | App.Qty     | Req.Amt      | Pat.Share   | App.Net      | Status                | Denial Code                        | Remarks |
|--------------------------------|----------------------|-----------------------------------------------------|-------------|-------------|--------------|-------------|--------------|-----------------------|------------------------------------|---------|
| <b>Activity Type : Service</b> |                      |                                                     |             |             |              |             |              |                       |                                    |         |
| 1                              | 0005-111<br>805-1021 | CHLOROHISTOL INJECTION                              | 1.00        | 1.00        | 1.20         | 0.00        | 1.20         | Approved              |                                    |         |
| 2                              | 9                    | Consultation GP                                     | 1.00        | 1.00        | 35.00        | 3.50        | 31.50        | Partially<br>Approved | PRCE-001 - Calculation discrepancy |         |
| 3                              | 96374                | THER/PROPH/DIAG INJ IV PUSH                         | 1.00        | 1.00        | 15.00        | 0.00        | 15.00        | Approved              |                                    |         |
| 4                              | 0248-122<br>107-1021 | DEXAMETHASONE SODIUM PHOSPHATE                      | 1.00        | 1.00        | 2.52         | 0.00        | 2.52         | Approved              |                                    |         |
| 5                              | 85025                | BLOOD COUNT COMPLETE AUTO&AUTO<br>DIFRNTL WBC COUNT | 1.00        | 1.00        | 22.00        | 0.00        | 22.00        | Approved              |                                    |         |
| 6                              | 86140                | C REACTIVE PROTEIN                                  | 1.00        | 1.00        | 15.00        | 0.00        | 15.00        | Approved              |                                    |         |
|                                |                      | <b>Total :</b>                                      | <b>6.00</b> | <b>6.00</b> | <b>90.72</b> | <b>3.50</b> | <b>87.22</b> |                       |                                    |         |

**Printed By** : System Processed

**Print Date** : 11-Jul-2023 9:57:46AM

\* 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.