Authorisation Letter

J-345078/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 11-Jul-2023 9:47 am

Action Date : **11-Jul-2023 9:47 am**
Action By : System Processed

Processed

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
Activity Type : Service										
1	0005-111 805-1021	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	Partialy 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	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
5	85025	BLOOD COUNT COMPLETE AUTO&AUTO 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		
		Total :	**6.00**	**6.00**	**90.72**	**3.50**	**87.22**			

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

* VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION