

Authorisation Letter

J-352076/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 15-Jul-2023 11:08 am

Processed

Request Date : 15-Jul-2023 10:56 am

Action By : SUNIL.NN

Page 1 of 2

Patient : FUSSEL LUGO

Employer : TH8 A HOUSE OF ORIGINALS HOTEL - FZE .

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

Gender : Male **DOB** : 03-Apr-1980

Card No : I017-029-117079201-02 **Policy** : 200020

Doctor : Enomen Goodluck Ekata

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	J06.9	Acute upper respiratory infection, unspecified
2	ICD10	R50.9	Fever, unspecified
3	ICD10	R05	Cough
4	ICD10	R09.81	Nasal congestion
5	ICD10	B35.1	Tinea unguium

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Denied service is not covered.

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	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
3	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
4	86703	ANTIBODY HIV 1&HIV 2 SINGLE RESULT	1.00	0.00	35.00	0.00	0.00	Reject	NCOV-003 - Service(s) is (are) not covered	
Total :			4.00	3.00	107.00	3.50	68.50			

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Printed By : Peshawar Medical Centre-Al Barsha

Print Date :15-Jul-2023 11:13:28AM

* 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.