Authorisation Letter

J-355242/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 17-Jul-2023 11:13 am

Action Date : **17-Jul-2023 11:27 am**
Action By : SUNIL.NN

Processed

Patient : **ARYA VAYATH**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I022-029-118322141-01** **Policy** : 01-111-01-23-044138

Employer : EPROMIS SOLUTIONS L.L.C.
Gender : Female **DOB** : 08-Apr-1997
Doctor : Enomen Goodluck Ekata

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	NIL	NIL LIMIT 5000	NIL	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R06.00	Dyspnea, unspecified
2	ICD10	R05	Cough
3	ICD10	J45.41	Moderate persistent asthma with (acute) exacerbation
4	ICD10	R50.9	Fever, unspecified

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly share CBC/CRP reports and indication for pended services.

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Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	0.00	15.00	0.00	0.00	Reject	AUTH-012 - Request for information	
2	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
3	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	0.00	48.50	0.00	0.00	Reject	AUTH-012 - Request for information	
4	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
5	2190-106 618-1001	PARAFUSIV	1.00	0.00	8.40	0.00	0.00	Reject	AUTH-012 - Request for information	
6	94640	AIRWAY INHALATION TREATMENT	1.00	1.00	26.00	0.00	26.00	Approved		
7	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
		Total :	**7.00**	**4.00**	**169.90**	**7.00**	**91.00**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :18-Jul-2023 8:43:31AM

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