Authorisation Letter

J-356567/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 17-Jul-2023 8:46 pm

Action Date : **17-Jul-2023 8:55 pm**
Action By : irshad.pasha

Processed

Patient : **SURAT FATIMA**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-119337029-01** **Policy** : 600838

Employer : WAJID ALI SHAH-600838
Gender : Female **DOB** : 06-Oct-2020
Doctor : Mohammadmahdi Ghodstehrani

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20%	20%	20%	30% Max 1500	20% CAP 500	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	J21.9	Acute bronchiolitis, unspecified
2	ICD10	J05.0	Acute obstructive laryngitis [croup]
3	ICD10	R05	Cough
4	ICD10	R50.9	Fever, unspecified

Provider Remarks

Dear Team,

Please see attached claim form for approal request.

Thank you

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	0188-135 906-2441	PULMICORT(BUDESONIDE : 0.5 MG/ML) SUSPENSION 0188-135906-2441FOR NEBULIZATION	1.00	1.00	10.48	0.00	10.48	Approved		
2	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.02	0.50	2.02	Approved		
3	96372	THER/PROPH/DIAG INJ SC/IM	1.00	1.00	12.00	3.00	12.00	Approved		
4	10	Consultation Specialist	1.00	1.00	44.00	11.00	44.00	Approved		
5	0006-124 513-2071	VENTOLIN NEBULES	1.00	1.00	1.23	0.00	1.23	Approved		
6	0005-111 805-1021	CHLOROHISTOL INJECTION	1.00	1.00	0.96	0.24	0.96	Approved		
		Total :	**6.00**	**6.00**	**70.69**	**14.74**	**70.69**			

Authorisation Letter

J-356567/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 17-Jul-2023 8:46 pm

Action Date : **17-Jul-2023 8:55 pm**
Action By : irshad.pasha

Processed

Patient : **SURAT FATIMA**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-119337029-01** **Policy** : 600838

Employer : WAJID ALI SHAH-600838
Gender : Female **DOB** : 06-Oct-2020
Doctor : Mohammadmahdi Ghodstehrani

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20%	20%	20%	30% Max 1500	20% CAP 500	10%	NA

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :18-Jul-2023 9:09:07AM

* 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.