Authorisation Letter

J-356632/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 17-Jul-2023 9:26 pm

Action Date : **17-Jul-2023 9:56 pm**
Action By : nabeel.valappil

Processed

Patient : **GANGA KERUNG**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I040-029-113718932-01** **Policy** : UICECA3774-Jan23

Employer : STAYBRIDGE SUITES FZ L.L.C.
Gender : Male **DOB** : 08-Oct-1981
Doctor : Enomen Goodluck Ekata

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	NIL	NIL LIMIT 7500	NIL	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	J02.9	Acute pharyngitis, unspecified
2	ICD10	J20.9	Acute bronchitis, unspecified
3	ICD10	R50.9	Fever, unspecified

Provider Remarks

kindly provide approval
thank you

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
2	96365	THER/PROPH/DIAG IV INF INIT	1.00	1.00	25.00	0.00	25.00	Approved		
3	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved		
4	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
5	0005-111 805-1021	CHLOROHISTOL INJECTION	1.00	1.00	1.20	0.00	1.20	Approved		
		Total :	**5.00**	**5.00**	**112.22**	**7.00**	**105.22**			

Printed By : Peshawar Medical Centre-Al Barsha

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

* 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.