

Authorisation Letter

J-358855/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 19-Jul-2023 11:15 am

Processed

Request Date : 19-Jul-2023 11:15 am

Action By : System Processed

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Patient : MAE INSO ARRANCHADO

Employer : IFA HI TRUNK FZE-

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

Gender : Female **DOB** : 27-May-1992

Card No : I017-029-116122330-02 **Policy** : 200018

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

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	Partially 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 : 19-Jul-2023 11:16:16AM

* 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.