## **Authorisation Letter**

J-361718/2023

 Request Date
 : 20-Jul-2023
 9:14 pm
 Action By
 : System Processed

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Patient : WIN THAW TAR Employer : BURMA ROAD FZ-LLC

Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC Gender : Female DOB : 13-Jun-1984

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

## **Provider Remarks**

kindly provide approval thank you

SI.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks		
Ac	Activity Type : Service											
1	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy			
2	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	17.60	4.40	17.60	Approved				
3	86140	C REACTIVE PROTEIN	1.00	1.00	12.00	3.00	12.00	Approved				
		Total :	3.00	3.00	64.60	14.40	57.60					

Printed By : System Processed 2:02:13PM

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.

<sup>\*</sup> VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION