

Authorisation Letter

J-362162/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 21-Jul-2023 11:57 am

Processed

Request Date : 21-Jul-2023 11:46 am

Action By : SUNIL.NN

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Patient : KHIN BHONE TINT

Employer : MOVENPICK HOTEL JUMEIRAH LAKES TOWERS.-

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

Gender : Female **DOB** : 15-Sep-1997

Card No : I017-029-119479748-01 **Policy** : 200026

Doctor : Sajid Sanaullah Khan

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% upto AED 25	NIL	NIL	NIL Max 150000	NIL	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R50.9	Fever, unspecified
2	ICD10	A49.9	Bacterial infection, unspecified
3	ICD10	N10	Acute tubulo-interstitial nephritis

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly share approved investigation reports and indication for IV fluid. Denied service has no clear indication as per provided details

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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	96360 HYDRATION IV INFUSION INIT	1.00	0.00	25.00	0.00	0.00	Reject	AUTH-012 - Request for information	
2	96374 THER/PROPH/DIAG INJ IV PUSH	1.00	0.00	15.00	0.00	0.00	Reject	AUTH-012 - Request for information	
3	0046-149 902-0511 INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
4	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	
5	0248-122 107-1021 DEXAMETHASONE SODIUM PHOSPHATE	1.00	0.00	2.52	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice	
6	81015 URINALYSIS MICROSCOPIC ONLY	1.00	1.00	9.00	0.00	9.00	Approved		
7	85025 BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
8	85651 SEDIMENTATION RATE RBC NON AUTOMATED	1.00	1.00	9.00	0.00	9.00	Approved		
9	86140 C REACTIVE PROTEIN	1.00	0.00	15.00	0.00	0.00	Reject	DUPL-002 - Payment already made for same/similar service within set time frame	
Total :		9.00	4.00	149.12	0.00	43.10			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 21-Jul-2023 12:58:39PM

* 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.