

Authorisation Letter

J-373623/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 28-Jul-2023 11:37 am

Processed

Request Date : 28-Jul-2023 11:25 am

Action By : Sathyajith VC

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Patient : SACHIN KANDWAL
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : I017-029-118161574-02 **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Male **DOB** : 23-Oct-1998
Doctor : Sajid Sanaullah Khan

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R53.83	Other fatigue
2	ICD10	A49.9	Bacterial infection, unspecified
3	ICD10	J02.9	Acute pharyngitis, unspecified

Provider Remarks

Dear Team,

Please see attached claim for approval request.

Thank you

TPA Remarks

Denied Service/Services-No clear indication as per the provided medical information

Kindly proceed with the approved services and conservative management

And share all approved reports and Rx response

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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	MNEC-003 - Service is not clinically indicated based on good clinical practice
2	96365	THER/PROPH/DIAG IV INF INIT	1.00	1.00	25.00	0.00	25.00	Approved	
3	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	0.00	15.00	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice
4	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	0.00	48.50	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice
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	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved	
7	85651	SEDIMENTATION RATE RBC NON AUTOMATED	1.00	1.00	9.00	0.00	9.00	Approved	
8	86140	C REACTIVE PROTEIN	1.00	0.00	15.00	0.00	0.00	Reject	AUTH-012 - Request for information
		Total :	8.00	3.00	162.02	0.00	56.00		

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 28-Jul-2023 2:23:25PM

* 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.