Authorisation Letter

J-380005/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 01-Aug-2023 11:37 am

Action Date : **01-Aug-2023 11:55 am**
Action By : Sathyajith VC

Processed

Patient : **SUDESH SINGH**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-116125968-02** **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Male **DOB** : 12-Aug-1968
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	H91.8X2	Other specified hearing loss, left ear
2	ICD10	H66.005	Ac suppr otitis media w/o spon rupt ear drum, recur, l ear
3	ICD10	E78.2	Mixed hyperlipidemia

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Multiple injection not justified
Kindly proceed with the approved services and conservative management

Authorisation Letter

J-380005/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 01-Aug-2023 11:37 am

Action Date : **01-Aug-2023 11:55 am**
Action By : Sathyajith VC

Processed

Patient : **SUDESH SINGH**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-116125968-02** **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Male **DOB** : 12-Aug-1968
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

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	0.00	1.20	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice	
2	96360	HYDRATION IV INFUSION INIT	1.00	1.00	25.00	0.00	25.00	Approved		
3	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
4	2190-106 618-1001	PARAFUSIV	1.00	0.00	8.40	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice	
5	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	
6	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
7	80061	LIPID PANEL	1.00	1.00	54.00	0.00	54.00	Approved		
8	82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	1.00	1.00	11.00	0.00	11.00	Approved		
		Total :	**8.00**	**5.00**	**165.62**	**0.00**	**107.52**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :01-Aug-2023 12:16:35PM

* VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION