Authorisation Letter

J-380005/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 01-Aug-2023 11:55 am

Processed

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Request Date : 01-Aug-2023 11:37 am

Action By : Sathyajith VC

Patient : SUDESH SINGH

Employer : IFA HI TRUNK FZE-

Ins.Company

: E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Gender : Male DOB : 12-Aug-1968

Card No : 1017-029-116125968-02

Policy : 200018

Doctor : Sajid Sanaullah Khan

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

Diagnosis

SI.	Туре	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

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Page 2 of 2

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10% upto AED 25	NIL	NIL	NIL LIMIT 150000	NIL	10%	NA		

SI.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Act	Activity Type : Service									
1	0005-111 805-1021		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		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		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			

Print Date :01-Aug-2023 12:16:35PM Printed By : Peshawar Medical Centre-Al Barsha

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.

^{*} VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION