

Authorisation Letter

J-383794/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 03-Aug-2023 2:02 pm

Processed

Request Date : 03-Aug-2023 1:59 pm

Action By : Vijina KV

Page 1 of 1

Patient : Mehrez Lahmedi

Employer : COTE D AZUR HOTEL L.L.C

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

Gender : Male **DOB** : 25-Mar-1990

Card No : I035-029-119177246-01 **Policy** : 1341/2023

Doctor : Sajid Sanaullah Khan

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% upto AED 25	NIL	NIL	NIL LIMIT 7500	NIL	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	K21.9	Gastro-esophageal reflux disease without esophagitis
2	ICD10	R11.2	Nausea with vomiting, unspecified
3	ICD10	K29.00	Acute gastritis without bleeding

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

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	1.00	25.00	0.00	25.00	Approved		
2	0005-242 802-0781	PANTONIX I.V.	1.00	1.00	29.50	0.00	29.50	Approved		
3	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
4	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partially Approved	PRCE-001 - Calculation discrepancy	
Total :			4.00	4.00	104.50	7.00	97.50			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 03-Aug-2023 2:28:41PM

* 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.