Authorisation Letter

J-407887/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 17-Aug-2023 1:28 pm

Action Date : **17-Aug-2023 1:28 pm**
Action By : System Processed

Processed

Patient : **AGUS DWIYANTO**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-118176513-02** **Policy** : 200020

Employer : TH8 A HOUSE OF ORIGINALS HOTEL - FZE .
Gender : Male **DOB** : 19-Aug-1999
Doctor : Enomen Goodluck Ekata

Patient Share

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

Provider Remarks

Dear

Please see the Attachment for your kind approval.

Thank You

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	9	Consultation GP	1.00	1.00	31.50	3.50	31.50	Approved		
2	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
3	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
		Total :	**3.00**	**3.00**	**68.50**	**3.50**	**68.50**			

Printed By : System Processed

Print Date :17-Aug-2023 3:00:19PM

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