

Authorisation Letter

J-407887/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 17-Aug-2023 1:28 pm

Processed

Request Date : 17-Aug-2023 1:28 pm

Action By : System Processed

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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

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.