

Authorisation Letter

J-421625/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 25-Aug-2023 10:30 am

Processed

Request Date : 25-Aug-2023 10:10 am

Action By : santhosh.g

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Patient : CHARITHA NUWAN ARIYATHILAKA JAYAWARDANA

Employer : IFA HI TRUNK FZE-

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

Gender : Male **DOB** : 02-Apr-1990

Card No : I017-029-116896762-02 **Policy** : 200018

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	R09.81	Nasal congestion
2	ICD10	J02.9	Acute pharyngitis, unspecified
3	ICD10	J20.9	Acute bronchitis, unspecified
4	ICD10	J01.00	Acute maxillary sinusitis, unspecified
5	ICD10	R50.9	Fever, unspecified

Provider Remarks

Dear Team,

Kindly request for the missed test request CBC 85025 and CRP 86141.

sorry for the inconvenience caused

Thank you

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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	86141	C TO REACTIVE PROTEIN HIGH SENSITIVITY	1.00	1.00	27.00	0.00	27.00	Approved	
3	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved	
4	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved	
5	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved	PRCE-001 - Calculation discrepancy
6	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved	
7	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved	PRCE-001 - Calculation discrepancy
8	96372	THER/PROPH/DIAG INJ SC/IM	1.00	1.00	15.00	0.00	15.00	Approved	
9	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partially Approved	PRCE-001 - Calculation discrepancy
Total :		9.00	9.00	193.12	3.50	189.62			

Printed By : Peshawar Medical Centre-Al Barsha

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* 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.