Authorisation Letter

J-421870/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 25-Aug-2023 12:09 pm

Action Date : **25-Aug-2023 12:25 pm**
Action By : SUNIL.NN

Processed

Patient : **Maruthi Chennolla Maruthi Chennolla**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I035-029-119603445-01** **Policy** : 1341/2023

Employer : COTE D AZUR HOTEL L.L.C
Gender : Male **DOB** : 11-Apr-1998
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	R19.7	Diarrhea, unspecified
2	ICD10	R11.2	Nausea with vomiting, unspecified
3	ICD10	A03.8	Other shigellosis
4	ICD10	E86.0	Dehydration

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Denied service has no clear indication as per provided details. Kindly share approved investigation reports.

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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	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	1.00	1.00	23.00	0.00	23.00	Approved		
3	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
4	84520	UREA NITROGEN QUANTITATIVE	1.00	0.00	11.00	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice	
5	84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	1.00	1.00	14.00	0.00	14.00	Approved		
6	84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	1.00	1.00	14.00	0.00	14.00	Approved		
7	82565	CREATININE BLOOD	1.00	0.00	14.00	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice	
8	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	0.00	48.50	0.00	0.00	Reject	AUTH-012 - Request for information	
9	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	0.00	15.00	0.00	0.00	Reject	AUTH-012 - Request for information	
10	96372	THER/PROPH/DIAG INJ SC/IM	1.00	1.00	15.00	0.00	15.00	Approved		
11	96360	HYDRATION IV INFUSION INIT	1.00	1.00	25.00	0.00	25.00	Approved		
		Total :	**11.00**	**7.00**	**236.50**	**7.00**	**141.00**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :25-Aug-2023 12:33:29PM

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