Authorisation Letter

J-443879/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 06-Sep-2023 6:06 pm

Action Date : **06-Sep-2023 6:14 pm**
Action By : irshad.pasha

Processed

Patient : **AHMAD ALELWANI**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-119386096-01** **Policy** : 200020

Employer : TH8 A HOUSE OF ORIGINALS HOTEL - FZE .
Gender : Male **DOB** : 11-Mar-1995
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	R50.9	Fever, unspecified
2	ICD10	J18.0	Bronchopneumonia, unspecified organism
3	ICD10	J02.9	Acute pharyngitis, unspecified
4	ICD10	J04.0	Acute laryngitis
5	ICD10	R07.0	Pain in throat

Provider Remarks

Dear Team,

Request to add blood test request.

Porry for the inconvenience caused for partialy requuest approval.

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	0188-135 906-2441	PULMICORT(BUDESONIDE : 0.5 MG/ML) SUSPENSION 0188-135906-2441FOR NEBULIZATION	1.00	1.00	10.48	0.00	10.48	Approved		
2	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
3	85652	SEDIMENTATION RATE RBC AUTOMATED	1.00	1.00	8.00	0.00	8.00	Approved		
4	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
5	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
6	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved		
7	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
8	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
9	96360	HYDRATION IV INFUSION INIT	1.00	1.00	25.00	0.00	25.00	Approved		
10	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
11	0006-124 513-2071	VENTOLIN NEBULES	1.00	1.00	1.23	0.00	1.23	Approved		
		Total :	**11.00**	**11.00**	**185.83**	**3.50**	**182.33**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :06-Sep-2023 6:31:43PM

* 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.