Authorisation Letter

J-458141/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 14-Sep-2023 10:04 am

Action Date : **14-Sep-2023 10:04 am**
Action By : System Processed

Processed

Patient : **Doha Mohamed Wagdi**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I011-029-119265996-01** **Policy** : SZ595423000123

Employer : CONTINENTAL REAL ESTATE LLC
Gender : Female **DOB** : 20-Sep-1984
Doctor : Rashmi Keshava Murthy Mosale

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% upto AED 25	NIL	NIL	NIL LIMIT 7500	NIL	10%	NA

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	0006-124 513-2071	VENTOLIN NEBULES	1.00	1.00	1.23	0.00	1.23	Approved		
2	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
3	85027	BLOOD COUNT COMPLETE AUTOMATED	1.00	1.00	14.00	0.00	14.00	Approved		
4	85651	SEDIMENTATION RATE RBC NON AUTOMATED	1.00	1.00	9.00	0.00	9.00	Approved		
5	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
		Total :	**5.00**	**5.00**	**74.23**	**7.00**	**67.23**			

Printed By : System Processed

Print Date :14-Sep-2023 10:05:04AM

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