

# Authorisation Letter

**J-458141/2023**

**Provider** : Peshawar Medical Centre-Al Barsha

**Action Date** : 14-Sep-2023 10:04 am

**Processed**

**Request Date** : 14-Sep-2023 10:04 am

**Action By** : System Processed

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**Patient** : Doha Mohamed Wagdi

**Employer** : CONTINENTAL REAL ESTATE LLC

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

**Gender** : Female **DOB** : 20-Sep-1984

**Card No** : I011-029-119265996-01 **Policy** : SZ595423000123

**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 |
|--------------------------------|----------------------|-----------------------------------------|-------------|-------------|--------------|-------------|--------------|-----------------------|------------------------------------|---------|
| <b>Activity Type : Service</b> |                      |                                         |             |             |              |             |              |                       |                                    |         |
| 1                              | 0006-124<br>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        | Partially<br>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<br>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              |                                    |         |
| <b>Total :</b>                 |                      |                                         | <b>5.00</b> | <b>5.00</b> | <b>74.23</b> | <b>7.00</b> | <b>67.23</b> |                       |                                    |         |

**Printed By** : System Processed

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

\* 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.