Authorisation Letter

J-466150/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 18-Sep-2023 1:11 pm

Action Date : **18-Sep-2023 1:16 pm**
Action By : Vijina KV

Processed

Patient : **KATRIEN HABIB SHEHATA**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-118188821-02** **Policy** : 200020

Employer : TH8 A HOUSE OF ORIGINALS HOTEL - FZE .
Gender : Female **DOB** : 11-Jul-2000
Doctor : BUSHRA NAYMAT

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	N93.9	Abnormal uterine and vaginal bleeding, unspecified

Provider Remarks

Dear Insurance,

Please see details below for your referrence.

complaine of intermittent bleeding or spotting in between cycles..moderate quantity.

LMP- 30 august

cycles- 3-5 days. /30 days., no pain, regular cycles.

bleeding in between the periods.

similar history in the last 4 months.

unmar

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	10	Consultation Specialist	1.00	1.00	55.00	5.50	49.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	76705	ULTRASOUND ABDOMINAL REAL TIME W/IMAGE LIMITED	1.00	1.00	138.00	0.00	138.00	Approved		
3	84443	THYROID STIMULATING HORMONE TSH	1.00	1.00	48.00	0.00	48.00	Approved		
		Total :	**3.00**	**3.00**	**241.00**	**5.50**	**235.50**			

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Printed By : Peshawar Medical Centre-Al Barsha

Print Date :18-Sep-2023 1:17:28PM

* 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.