

Authorisation Letter

J-472378/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 21-Sep-2023 12:23 pm

Processed

Request Date : 21-Sep-2023 12:18 pm

Action By : Vijina KV

Page 1 of 2

Patient : GABRIEL COLLACO FREDY

Employer : IFA HI TRUNK FZE-

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

Gender : Male **DOB** : 02-Mar-1965

Card No : I017-029-116125960-02 **Policy** : 200018

Doctor : Rashmi Keshava Murthy Mosale

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	I10	Essential (primary) hypertension
2	ICD10	E78.5	Hyperlipidemia, unspecified
3	ICD10	R10.816	Epigastric abdominal tenderness
4	ICD10	R07.9	Chest pain, unspecified
5	ICD10	K29.00	Acute gastritis without bleeding

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly share the previous Lipid panel , creatinine urea report findings , Kindly request 93000

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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	93312 ECG TRANSESOPHAG R T 2D W/PRB IMG ACQUISJ I&R	1.00	0.00	698.00	0.00	0.00	Reject	MNEC-007 - Service is not clinically indicated based on good clinical practice, without additional supporting documentation	
2	82947 GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	1.00	1.00	11.00	0.00	11.00	Approved		
3	80069 RENAL FUNCTION PANEL	1.00	0.00	131.00	0.00	0.00	Reject	MNEC-007 - Service is not clinically indicated based on good clinical practice, without additional supporting documentation	
4	80061 LIPID PANEL	1.00	0.00	54.00	0.00	0.00	Reject	MNEC-007 - Service is not clinically indicated based on good clinical practice, without additional supporting documentation	
5	0005-242 802-0781 PANTONIX I.V.	1.00	1.00	29.50	0.00	29.50	Approved		
6	85025 BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
7	9 Consultation GP	1.00	1.00	35.00	3.50	31.50	Partially Approved	PRCE-001 - Calculation discrepancy	
Total :		7.00	4.00	980.50	3.50	94.00			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 21-Sep-2023 12:43:45PM

* 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.