Authorisation Letter

J-474497/2023

Provider : Peshawar Medical Centre-Al Barsha Action Date : 22-Sep-2023 3:31 pm Processed

 Request Date
 : 22-Sep-2023
 3:31 pm
 Action By
 : System Processed

 Page 1 of 1

Patient : Shaukin Akhlak Employer : UC FORWARD MARKETING FZ.LLC

Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC Gender : Male DOB : 15-Aug-1990

Card No : I035-029-119235296-01 Policy : TBA UC FORWARD Doctor : Rashmi Keshava Murthy Mosale

	Patient Share												
CONSULTATION	CONSULTATION LAB/RADIOLOGY		PHARMACY	IP	MATERNITY	DENTAL							
20% max 25	10%	10%	10% LIMIT 7500	NIL	10%	NA							

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

SI.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks	
Activity Type : Service											
1	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy		
2	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	13.50	1.50	13.50	Approved			
3	1622-372 802-1021	BUSCOPAN	1.00	1.00	5.40	0.60	5.40	Approved			
		Total :	3.00	3.00	53.90	9.10	46.90				

Print Date : 22-Sep-2023 3:33:07PM

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.

^{*} VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION