Authorisation Letter

J-485923/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 28-Sep-2023 12:16 pm

Action Date : **28-Sep-2023 12:16 pm**
Action By : System Processed

Processed

Patient : **MOHAMMED SALIM KADER**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I040-029-113718971-01** **Policy** : UICECA3774-Jan23

Employer : STAYBRIDGE SUITES FZ L.L.C.
Gender : Male **DOB** : 02-Apr-1982
Doctor : Enomen Goodluck Ekata

Patient Share

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

Sl.	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	
		Total :	**1.00**	**1.00**	**35.00**	**7.00**	**28.00**			

Printed By : System Processed

Print Date :28-Sep-2023 12:19:21PM

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