

Authorisation Letter

J-485503/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 28-Sep-2023 9:32 am

Processed

Request Date : 28-Sep-2023 9:28 am

Action By : SUNIL.NN

Page 1 of 2

Patient : MOHSIN KHAN JADOON

Employer : MOVENPICK HOTEL JUMEIRAH LAKES TOWERS.-

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

Gender : Male **DOB** : 01-Dec-1992

Card No : I017-029-117179381-02 **Policy** : 200026

Doctor : Enomen Goodluck Ekata

Patient Share

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% upto AED 25	NIL	NIL	NIL Max 150000	NIL	10%	NA

Diagnosis

Sl.	Type	Code	Description
1	ICD10	R50.9	Fever, unspecified
2	ICD10	J22	Unspecified acute lower respiratory infection
3	ICD10	R07.0	Pain in throat
4	ICD10	J20.9	Acute bronchitis, unspecified
5	ICD10	R07.9	Chest pain, unspecified

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Pain in throat, fever, chest pain, nasal congestion.

Symptoms started yesterday evening.

systolic BP noticed to be elevated 150/70mmhg. (patient claims this is the first time).

High BMI also noted.

Life style modification incl

TPA Remarks

kindly share approved CBC report.

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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	85025 BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
2	0248-122 107-1021 DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
3	0195-107 704-0801 CEFTRIAXONE-TABUK 1 GM IV	1.00	0.00	48.50	0.00	0.00	Reject	AUTH-012 - Request for information	
4	96374 THER/PROPH/DIAG INJ IV PUSH	1.00	0.00	15.00	0.00	0.00	Reject	AUTH-012 - Request for information	
5	9 Consultation GP	1.00	1.00	35.00	3.50	31.50	Partially Approved	PRCE-001 - Calculation discrepancy	
6	0046-149 902-0511 INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
Total :		6.00	4.00	126.12	3.50	59.12			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 28-Sep-2023 11:12:40AM

* 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.