## **Authorisation Letter**

J-490569/2023

Processed

Provider : Peshawar Medical Centre-Al Barsha

: 1017-029-118947925-01

**Action Date** : 30-Sep-2023 9:51 pm

Request Date : 30-Sep-2023 9:51 pm

Ins.Company

Card No

: System Processed

: 28-Sep-2001

Page 1 of 1

**Patient** : RAHIT PITER MONDAL

: E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Policy : 200018

Gender

**Action By** 

**Employer** 

: Male

Doctor : Enomen Goodluck Ekata

: IFA HI TRUNK FZE-

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

SI.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Ac	Activity Type : Service									
1	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
		Total :	1.00	1.00	35.00	3.50	31.50			

**Print Date** :30-Sep-2023 9:52:50PM Printed By : System Processed

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.

<sup>\*</sup> VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION