Authorisation Letter

J-494159/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 02-Oct-2023 8:20 pm

Action Date : **02-Oct-2023 8:44 pm**
Action By : santhosh.g

Processed

Patient : **PUPUT ADI CANDRA**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I040-029-117763282-01** **Policy** : UICECA3774-Jan23

Employer : STAYBRIDGE SUITES FZ L.L.C.
Gender : Male **DOB** : 03-Jan-2003
Doctor : Sajid Sanaullah Khan

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	J01.00	Acute maxillary sinusitis, unspecified
2	ICD10	R11.2	Nausea with vomiting, unspecified
3	ICD10	R04.0	Epistaxis
4	ICD10	R05	Cough
5	ICD10	J02.9	Acute pharyngitis, unspecified

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

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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	0188-135 906-2441	PULMICORT(BUDESONIDE : 0.5 MG/ML) SUSPENSION 0188-135906-2441FOR NEBULIZATION	1.00	1.00	10.48	0.00	10.48	Approved		
2	0006-124 513-2071	VENTOLIN NEBULES	1.00	1.00	1.23	0.00	1.23	Approved		
3	9	Consultation GP	1.00	1.00	35.00	7.00	28.00	Partialy Approved	PRCE-001 - Calculation discrepancy	
4	94640	AIRWAY INHALATION TREATMENT	1.00	1.00	26.00	0.00	26.00	Approved		
5	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
6	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
7	0195-107 704-0801	CEFTRIAXONE-TABUK 1 GM IV	1.00	1.00	48.50	0.00	48.50	Approved		
8	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
		Total :	**8.00**	**8.00**	**141.83**	**7.00**	**134.83**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :02-Oct-2023 8:48:41PM

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