Authorisation Letter

J-506747/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 09-Oct-2023 9:46 am

Action Date : **09-Oct-2023 9:56 am**
Action By : santhosh.g

Processed

Patient : **ANJUM UZ ZAMAN MUHAMMAD AKRAM**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-119379225-01** **Policy** : 200018-1

Employer : IFA HI TRUNK FZE--
Gender : Male **DOB** : 02-Dec-1978
Doctor : Rashmi Keshava Murthy Mosale

Patient Share

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

Diagnosis

Sl.	Type	Code	Description
1	ICD10	E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
2	ICD10	R23.1	Pallor
3	ICD10	R03.0	Elevated blood-pressure reading, w/o diagnosis of htn
4	ICD10	Z84.1	Family history of disorders of kidney and ureter
5	ICD10	R21	Rash and other nonspecific skin eruption
6	ICD10	R53.1	Weakness

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly share the FBS , Previous Lipid panel , HBA1C,Creatinine, Albumin reports.

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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	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	80061	LIPID PANEL	1.00	0.00	54.00	0.00	0.00	Reject	AUTH-012 - Request for information	
3	80069	RENAL FUNCTION PANEL	1.00	0.00	131.00	0.00	0.00	Reject	AUTH-012 - Request for information	
4	82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	1.00	1.00	11.00	0.00	11.00	Approved		
5	83036	HEMOGLOBIN GLYCOSYLATED A1C	1.00	0.00	28.00	0.00	0.00	Reject	AUTH-012 - Request for information	
6	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
		Total :	**6.00**	**3.00**	**281.00**	**3.50**	**64.50**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :09-Oct-2023 10:15:58AM

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