Authorisation Letter

J-516357/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 13-Oct-2023 4:47 pm

Action Date : **13-Oct-2023 4:58 pm**
Action By : vismaya.pp

Processed

Patient : **STANLEY MUIRURI WANJIRU**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-116954338-02** **Policy** : 200018-1

Employer : IFA HI TRUNK FZE--
Gender : Male **DOB** : 25-Oct-1988
Doctor : Sajid Sanaullah Khan

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	K64.8	Other hemorrhoids
2	ICD10	K51.511	Left sided colitis with rectal bleeding

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly attach approved 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	96360	HYDRATION IV INFUSION INIT	1.00	1.00	25.00	0.00	25.00	Approved		
3	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	0.00	15.00	0.00	0.00	Reject	AUTH-012 - Request for information	
4	0005-242 802-0781	PANTONIX I.V.	1.00	1.00	29.50	0.00	29.50	Approved		
5	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	
6	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
7	87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	1.00	1.00	23.00	0.00	23.00	Approved		
8	87177	OVA&PARASITES DIRECT SMEARS CONCENTRATION&ID	1.00	1.00	26.00	0.00	26.00	Approved		
		Total :	**8.00**	**6.00**	**204.52**	**3.50**	**137.52**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :13-Oct-2023 5:25:29PM

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