Authorisation Letter

J-516726/2023

Provider : Peshawar Medical Centre-Al Barsha
Request Date : 13-Oct-2023 6:52 pm

Action Date : **13-Oct-2023 6:56 pm**
Action By : SUNIL.NN

Processed

Patient : **SENALI SANCHALA**
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : **I017-029-117199560-02** **Policy** : 200018-1

Employer : IFA HI TRUNK FZE--
Gender : Female **DOB** : 15-Feb-1999
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	J01.40	Acute pansinusitis, unspecified
2	ICD10	R50.9	Fever, unspecified
3	ICD10	R09.81	Nasal congestion
4	ICD10	J02.9	Acute pharyngitis, unspecified

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

kindly share CBC/CRP report. Denied service has no clear indication as per provided details.

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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	0005-111 805-1021	CHLOROHISTOL INJECTION	1.00	0.00	1.20	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice	
2	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		
3	0006-124 513-2071	VENTOLIN NEBULES	1.00	1.00	1.23	0.00	1.23	Approved		
4	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
5	94640	AIRWAY INHALATION TREATMENT	1.00	1.00	26.00	0.00	26.00	Approved		
6	96360	HYDRATION IV INFUSION INIT	1.00	0.00	25.00	0.00	0.00	Reject	MNEC-003 - Service is not clinically indicated based on good clinical practice	
7	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	0.00	15.00	0.00	0.00	Reject	AUTH-012 - Request for information	
8	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
9	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	
10	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
		Total :	**10.00**	**6.00**	**168.03**	**3.50**	**74.83**			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :13-Oct-2023 7:06:02PM

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