

Authorisation Letter

J-517107/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 13-Oct-2023 9:34 pm

Processed

Request Date : 13-Oct-2023 9:14 pm

Action By : SUNIL.NN

Page 1 of 2

Patient : EDWARD PATRICIO CRUZ

Employer : IFA HI TRUNK FZE--

Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Gender : Male **DOB** : 16-Mar-1972

Card No : I017-029-114663195-02 **Policy** : 200018-1

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	R50.9	Fever, unspecified
2	ICD10	J02.9	Acute pharyngitis, unspecified
3	ICD10	R05	Cough
4	ICD10	J20.9	Acute bronchitis, unspecified
5	ICD10	R09.81	Nasal congestion

Provider Remarks

Dear Team,

Please see attached claim form for approval request.

Thank you

TPA Remarks

Kindly proceed with approved services.

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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	1.00	1.20	0.00	1.20	Approved	
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	Partially 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	1.00	15.00	0.00	15.00	Approved	
8	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved	
9	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved	
		Total :	9.00	8.00	119.53	3.50	91.03		

Printed By : Peshawar Medical Centre-Al Barsha

Print Date : 13-Oct-2023 9:43:09PM

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

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.