Authorisation Letter

J-519971/2023

 Request Date
 : 15-Oct-2023 12:40 pm
 Action By
 : System Processed

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Patient : AYMAN KHAN Employer : IFA HI TRUNK FZE--

Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC Gender : Female DOB : 29-Dec-1994

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

Provider Remarks

kiendly for approval

SI.	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	31.50	3.50	31.50	Approved		
2	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
3	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
		Total :	3.00	3.00	68.50	3.50	68.50			

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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.

^{*} VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION