Authorisation Letter

J-540173/2023

Provider : Peshawar Medical Centre-Al Barsha **Action Date** : 25-Oct-2023 9:10 am Processed

Request Date : 25-Oct-2023 9:10 am **Action By** : System Processed

Patient : ISHAN UMANGA JAYASINGHE MUDIYANSELAGE.

: 1017-029-119209532-01

Employer

Page 1 of 1

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

: MOVENPICK HOTEL JUMEIRAH LAKES TOWERS--

Policy : 200026-1

: Male DOB : 20-Jun-1995

Doctor : Enomen Goodluck Ekata

Patient Share

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

Provider Remarks

Dear team kinedly for approval

Card No

SI.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1		PULMICORT(BUDESONIDE : 0.5 MG/ML) SUSPENSION 0188-135906-2441FOR NEBULIZATION	1.00	1.00	10.48	0.00	10.48	Approved		
2	9	Consultation GP	1.00	1.00	31.50	3.50	31.50	Approved		
3	94640	AIRWAY INHALATION TREATMENT	1.00	1.00	26.00	0.00	26.00	Approved		
4	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
		Total :	4.00	4.00	89.98	3.50	89.98			

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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