

Authorisation Letter

J5362/2024

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 04-Jan-2024 1:36 pm

Processed

Request Date : 04-Jan-2024 1:20 pm

Action By : Glory

Page 1 of 2

Patient : ABHILASH THAKUR

Employer : IFA HI TRUNK FZE--

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

Gender : Male **DOB** : 26-Nov-1992

Card No : I017-029-120176778-01 **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	R50.81	Fever presenting with conditions classified elsewhere
2	ICD10	M79.10	Myalgia, unspecified site
3	ICD10	J01.90	Acute sinusitis, unspecified
4	ICD10	J02.9	Acute pharyngitis, unspecified
5	ICD10	R09.81	Nasal congestion

Provider Remarks

Kindly give Approval for this Patient

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	0006-124 513-2071	VENTOLIN NEBULES	1.00	1.00	1.23	0.00	1.23	Approved		
3	9	Consultation GP	1.00	1.00	31.50	3.50	31.50	Approved		
4	94640	AIRWAY INHALATION TREATMENT	1.00	1.00	26.00	0.00	26.00	Approved		
5	96372	THER/PROPH/DIAG INJ SC/IM	1.00	1.00	15.00	0.00	15.00	Approved		
6	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
7	85652	SEDIMENTATION RATE RBC AUTOMATED	1.00	1.00	8.00	0.00	8.00	Approved		
8	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
Total :			8.00	8.00	119.93	3.50	119.93			

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Printed By : Peshawar Medical Centre-Al Barsha

Print Date :04-Jan-2024 1:47:25PM

* 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.