Authorisation Letter

J-543674/2024

Provider : CITICARE MEDICAL CENTER LLC (FORMERLY PESHAWAR MEDICAL CENTRE-AL BARSHA)

Request Date : 15-Oct-2024 2:32 am

Action Date : **15-Oct-2024 2:32 am**

Action By : System Processed

Processed

Patient : **MANSOOR . ALI**

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

Card No : **I040-029-113719090-01** **Policy** : AE/2024/G/18720

Employer : STAYBRIDGE SUITES FC LLC-

Gender : Male **DOB** : 25-Sep-1985

Doctor : Ahsan Hussain

Patient Share

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% Max AED 25	NIL	NIL	NIL	NIL Max 7500	NIL	10%	NA

Sl.	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	28.00	7.00	28.00	Approved		
		Total :	**1.00**	**1.00**	**28.00**	**7.00**	**28.00**			

Printed By : System Processed

Print Date :17-Oct-2024 2:36:57PM

* 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.