PA Reference No : PA-187520/2025 | Dated : 19-Feb-2025 | Processed [NEW]

Auth ID JBMAGENTJBM190225-062727-117113971-2-source :DHPO

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Member Details

Name

MEGAN MARSHALL

Group Name

BOHO LADIES SALON / 143603

UB No

I040-029-120344081-01

DOB

11-Feb-1992

EID

784-1992-1951707-7

Gender

FEMALE

Appln No

I040-029-120344081-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

05-Feb-2025

Leave Date

04-Feb-2026

PEC Status

NIL WAITING PERIOD

Member Flag

Maternity Status

Flag Remarks

Visa Authority

Salary Range

Policy Details

Payer

Union Insurance Company P. S. C.

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

05-Feb-2025 to 04-Feb-2026

Network

Blue,

Policy no

AE/2025/G/22826

Direct SP Access

Yes

Co-Ins

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% Max AED 25	NIL	NIL	NIL Max 7500	NIL	NA	30% Max 500

Remarks

Attachment

Sl	File Name	

Claim Details

Benifit Group

OP SERVICES

Doctor

Amaizah Ishtiaq

Handling Type

OUT Patient

Specialization

General Practice

Phone

971-56-1631517

Remarks

Diagnosis

Sl.	Name	ICD Code	Category	Type
1	Acute gastritis without bleeding	K29.00	ACUTE	Principal
2	Dehydration	E86.0	ACUTE	Secondary
3	Diarrhea, unspecified	R19.7	ACUTE	Secondary
4	Fever, unspecified	R50.9	ACUTE	Secondary
5	Nausea	R11.0	ACUTE	Secondary
6	Pain, unspecified	R52	ACUTE	Secondary

Service

Sl.	Service	Requested	Rejected	Approved	TPA Comments/Denial Info
1	Consultation GP (9)	Qty: 1.00 Gross Amt: 35.00 PatientShare:0.00 Net Amt: 35.00	Qty: 0.00 Amt:7.00	Qty: 1 Gross Amt:35.00 PatientShare:7.00 Net Amt:28.00	Denial Code : PRCE-001 / Calculation discrepancy
2	HYDRATION IV INFUSION INIT (96360)	Qty: 1.00 Gross Amt: 25.00 PatientShare:0.00 Net Amt: 25.00	Qty: 0.00 Amt:0.00	Qty: 1 Gross Amt:25.00 PatientShare:0.00 Net Amt:25.00	
3	THER/PROPH/DIAG INJ SC/IM (96372)	Qty: 1.00 Gross Amt: 15.00 PatientShare:0.00 Net Amt: 15.00	Qty: 0.00 Amt:0.00	Qty: 1 Gross Amt:15.00 PatientShare:0.00 Net Amt:15.00	

Sl.	Service	Requested	Rejected	Approved	TPA Comments/Denial Info
4	THER/PROPH/DIAG IV INF INIT (96365)	Qty: 1.00 Gross Amt: 25.00 PatientShare:0.00 Net Amt: 25.00	Qty: 1.00 Amt:25.00	Qty: 0 Gross Amt:0.00 PatientShare:0.00 Net Amt:0.00	Denial Code : AUTH-012 / Request for information

Net Requested
Rejected
Net Approved

Summary

100.00
32.00
68.00

Medicines

Sl.	Medicine	Requested	Rejected	Approved	TPA Comments
1	PARAFUSIV I.V. 10MG/MLPARACETAMOL [10 MG/ML]SOLUTION FOR INFUSION (100ML X 10, GLASS VIAL)	Qty: 1.00 Amt: 8.40	Qty: 0.00 Amt:0.00	Qty: 1 Amt: 8.40	Denial Code: Description:undefined Remarks: tpa_comment:
2	LACTATED RINGER'S INJECTION USPCALCIUM CHLORIDE/POTASSIUM CHLORIDE/SODIUM CHLORIDE/SODIUM LACTATE [N/A|N/A|N/A|N/A|N/A]SOLUTION FOR INFUSION (500ML, PLASTIC BOTTLE)	Qty: 1.00 Amt: 5.00	Qty: 0.00 Amt:0.00	Qty: 1 Amt: 5.00	Denial Code: Description:undefined Remarks: tpa_comment:
3	SCOPINALHYOSCINE [20 MG/ML]SOLUTION FOR INJECTION (5 X 1ML, AMPOULE)	Qty: 1.00 Amt: 4.60	Qty: 0.00 Amt:0.00	Qty: 1 Amt: 4.60	Denial Code: Description:undefined Remarks: tpa_comment:
4	CEFTRIAXONE-TABUK IVCEFTRIAXONE [1 G]POWDER FOR INJECTION (1+10ML, VIAL + SOLVENT AMPOULE)	Qty: 1.00 Amt: 48.50	Qty: 1.00 Amt:48.50	Qty: 0 Amt: 0.00	Denial Code:AUTH-012 Description:undefined Remarks: tpa_comment:
5	RISEK 40MGOMEPRAZOLE [40 MG]POWDER FOR INFUSION (1'S, VIAL)	Qty: 1.00 Amt: 34.00	Qty: 0.00 Amt:0.00	Qty: 1 Amt: 34.00	Denial Code: Description:undefined Remarks: tpa_comment:

Requested
Rejected
Approved

Summary

100.50
48.50
52.00

TPA response

TPA Comments

Kindly share the CBC/CRP report for further evaluations

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JBMT2730

Datetime

19-Feb-2025 06:52 PM