

Authorisation Letter

J-261944/2023

Provider : Peshawar Medical Centre-Al Barsha

Action Date : 21-May-2023 2:57 pm

Processed

Request Date : 21-May-2023 2:46 pm

Action By : Vijina KV

Page 1 of 2

Patient : SHUBHAM YADAV
Ins.Company : E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Card No : I017-029-117490819-02 **Policy** : 200018

Employer : IFA HI TRUNK FZE-
Gender : Male **DOB** : 28-Sep-1997
Doctor : Sumaiya Galib

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	B01.9	Varicella without complication
2	ICD10	R05	Cough
3	ICD10	L29.8	Other pruritus
4	ICD10	R50.9	Fever, unspecified
5	ICD10	J00	Acute nasopharyngitis [common cold]

Provider Remarks

Dear team
 please provide the approval
 thank you

Sl.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Activity Type : Service										
1	2190-106 618-1001	PARAFUSIV	1.00	1.00	8.40	0.00	8.40	Approved		
2	86140	C REACTIVE PROTEIN	1.00	1.00	15.00	0.00	15.00	Approved		
3	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
4	81015	URINALYSIS MICROSCOPIC ONLY	1.00	1.00	9.00	0.00	9.00	Approved		
5	96374	THER/PROPH/DIAG INJ IV PUSH	1.00	1.00	15.00	0.00	15.00	Approved		
6	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partially Approved	PRCE-001 - Calculation discrepancy	
Total :			6.00	6.00	104.40	3.50	100.90			

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Printed By : Peshawar Medical Centre-Al Barsha

Print Date :21-May-2023 2:59:06PM

* 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.