## **Authorisation Letter**

J-409333/2023

Provider : Peshawar Medical Centre-Al Barsha

: 1017-029-117134829-02

**Action Date** : 18-Aug-2023 11:39 am Processed

Request Date : 18-Aug-2023 11:16 am **Action By** : Vijina KV

Page 1 of 2

**Patient** : WASEEM SIDDIQUE

: E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

**Policy** : 200018

**Employer** : IFA HI TRUNK FZE-

Gender : Male DOB : 26-Feb-1993

Doctor : Sajid Sanaullah Khan

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

## Diagnosis

SI.	Туре	Code	Description
1	ICD10	M62.838	Other muscle spasm
2	ICD10	M54.6	Pain in thoracic spine

## **Provider Remarks**

Dear Team,

Ins.Company

Card No

Please see attached claim form & Medical history of the patient for approval request.

Thank you

## **TPA Remarks**

kindly share approved lab report finding s

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Request Date

Employer : IFA HI TRUNK FZE-

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

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Doctor : Sajid Sanaullah Khan

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

SI.	Code	Description	Req.Qty	App.Qty	Req.Amt	Pat.Share	App.Net	Status	Denial Code	Remarks
Ac	Activity Type : Service									
1	9	Consultation GP	1.00	1.00	35.00	3.50	31.50	Partialy Approved	PRCE-001 - Calculation discrepancy	
2	96372	THER/PROPH/DIAG INJ SC/IM	1.00	1.00	15.00	0.00	15.00	Approved		
3	0046-149 902-0511	INFLA-BAN	1.00	1.00	3.10	0.00	3.10	Approved		
4	0248-122 107-1021	DEXAMETHASONE SODIUM PHOSPHATE	1.00	1.00	2.52	0.00	2.52	Approved		
5	82310	CALCIUM TOTAL	1.00	0.00	14.00	0.00	0.00	Reject	MNEC-007 - Service is not clinically indicated based on good clinical practice, without additional supporting documentation	
6	84075	PHOSPHATASE ALKALINE	1.00	0.00	15.00	0.00	0.00	Reject	MNEC-007 - Service is not clinically indicated based on good clinical practice, without additional supporting documentation	
7	84100	PHOSPHORUS INORGANIC	1.00	1.00	14.00	0.00	14.00	Approved		
8	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	1.00	1.00	22.00	0.00	22.00	Approved		
9	85651	SEDIMENTATION RATE RBC NON AUTOMATED	1.00	1.00	9.00	0.00	9.00	Approved		
10	86140	C REACTIVE PROTEIN	1.00	0.00	15.00	0.00	0.00	Reject	MNEC-007 - Service is not clinically indicated based on good clinical practice, without additional supporting documentation	
		Total :	10.00	7.00	144.62	3.50	97.12			

Printed By : Peshawar Medical Centre-Al Barsha

Print Date :18-Aug-2023 11:51:29AM

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.

<sup>\*</sup> VALIDITY IS 14 DAYS FOR PHYSIOTHERAPY & 7 DAYS FOR OTHER INVESTIGATION