

**Pre Authorization Approval letter**

Hospital Name : Tijan Dental Clinic Farwaniya  
 Address : Moultqa Tower, Near Farwaniya Police Station, -  
 Contact Nos : 22251515,

Date : 07/09/2020

EEA No : 1975861

We acknowledge receipt of online pre authorization request with following details.

Name of the Insured/  
 Claimant : Mishari Adnan Al Dussri  
 Member ID : 901655189  
 Policy Number : PGHAIG19R0000115  
 Service Start Date : 07/09/2020  
 Treating Doctor Name : Other Treating Doctor  
 Primary Diagnosis : 521.04 :: arrested dental caries

**Services Requested :**

Service Details	Requested	Deductible	Not Covered	Accepted	Member Share	Disallowed Reason
01110*4::scaling (dentist)	40.000	8.000	0.000	32.000	8.000	
Total(KWD)	40.000	8.000	0.000	32.000	8.000	

Total Authorized/Accepted Amount : 32.000 KWD

Total Member Share Amount : 8.000 KWD

**We (Provider) acknowledges that:**

1. Insured/Claimant authenticates all the document showing details of units of each service availed.
2. This authorization just validates the available Sum Insured limits for medical services as requested at Pre-authorization.
3. To attach this Online Authorization Letter self-attested by the Insured/ Claimant along with the original claim documents and invoices while submitting the claim.

Date & Place:

Authorized signature of the Hospital

**I ( Insured/Claimant) acknowledge that:**

1. I have availed the above mentioned medical services authorized by WAPMED
2. I have 'No Objection' to WAPMED obtaining details of my treatment / collecting documents and I also here by authorize WAPMED to pay the treatment bill and reimburse itself / receive the amount from my claim receivable from my Insurance company. If any of the service is rejected, I hereby undertake to pay Network Provider/WAPMED all such expenses

Date & Place:

Signature of the Insured/Claimant