

MERCHANT COPY

INT HOSPITAL RADIOLOGY
SALMIYA QATAR ST
Kuwait
472039002,12301987,1705
20/04/2022 16:34:04
Sale

KNET-Visa Debit NFC-Card
464452****2275

AID A0000000031010
TOTAL 3.500 KD



Auth Code 416962

Thank you for using KNET!

**Pre Authorization Approval letter**

INT HOSPITAL
Salamiya, Qatar St , , -

Date : 20/04/2022

EEA No : 2508614

This authorization request with following details.

Member ID : AL YAA HABEEB ABD AL
Civil ID : HUSSAIN KARAM
Policy Number : ALQALLAF
Service Start Date : 81666
Treating Doctor Name : 290040200558
Primary Diagnosis : PGHAIG21R0000107
 : 20/04/2022
 : Dr Mohammad Saeed Amar
 : J01.90 :: Acute sinusitis, unspecified

Services Requested :

Service Details	Requested	Deductible	Not Covered	Accepted	Member Share	Disallowed Reason
ent-0034::diagnostic nasal endoscopy bilateral	35.000	5.250	0.000	29.750	5.250	
Total(KWD)	35.000	5.250	0.000	29.750	5.250	

Total Authorized/Accepted Amount : 29.750 KWD

Total Member Share Amount : 5.250 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