

# Explanation of Benefits

<b>Risk Carrier</b> : KFH Takaful Insurance Co.	<b>Policy Holder Name</b> : KUWAIT FINANCE HOUSE BANK
<b>Member</b> : 8034077    8209807 <b>Staff #</b> :5108	<b>Provider</b> : International Hospital
<b>MCN</b> : 12339536 <b>Batch #</b> :0	<b>Claim Number</b> :
<b>Name</b> : MAHA ABDU	<b>Principal Name</b> : MAHA X ABDU
<b>Date Of Birth</b> : 1971	<b>Program Description</b> : KFH Groups

<b>Transaction Date</b> : 04/12/2022	<b>Invoice Number</b> :	<b>Physician</b> : Nader Mansour
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Diagnosis :    ■ Unknown and unspecified causes of morbidity  
                   ■ Pain in a joint, multiple sites  
                   ■ Acute pain

**Approved by**

## Detailed Bill

Med File    15610

Cons. Fees :            0.00 KD            SSNBR : 19142989

Service	Item	Unit Price	Type	Qty Claimed	Curr	Total Claimed	Qty Appr.	Total Appr.	Disc.
PROCEDURE- INTEGUMENTARY SYSTEM	■ 1- Wound Care/ Dressing Up To 5Cm	15.00		1	KD	15.00	1	15.00	

Summary			Patient Share		
<b>Total Claimed</b>	15.000	KD	<b>Excess Deductible</b>	1.500	KD
<b>Total Approved</b>	15.000	KD	<b>Exceeding Limitation</b>	0.000	KD
			<b>Uncovered Items</b>	0.000	KD
<b>Net Amount</b>	..... 13.500	KD	<b>Total Patient Share</b>	..... 1.500	KD

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Diagnosis :    ■ Unknown and unspecified causes of morbidity

**Approved by**

**Detailed Bill**

Med File    15610

Cons. Fees :

0.00 KD

SSNBR : 19142578

Service	Item	Unit Price	Type	Qty Claimed	Curr	Total Claimed	Qty Appr.	Total Appr.	Disc.
SPECIALIST CONSULTATION	■ 1- New Visit Consultation - Specialist	23.00		1	KD	23.00	1	23.00	

Summary			Patient Share		
<b>Total Claimed</b>	23.000	KD	<b>Excess Deductible</b>	3.450	KD
<b>Total Approved</b>	23.000	KD	<b>Exceeding Limitation</b>	0.000	KD
			<b>Uncovered Items</b>	0.000	KD
<b>Net Amount</b>	..... 19.550	KD	<b>Total Patient Share</b>	..... 3.450	KD

The claims will be subject to review and audit based on the Tariff, Discounts and Medical Necessity (Usual, Reasonable and Customary), on case by case basis. Thank You.

Page 2 of 3

You have the right to appeal within 30 days from receiving the rejection notification

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<b>Member</b> : 8034077    8209807 <b>Staff #</b> :5108	<b>Provider</b> : International Hospital
<b>MCN</b> : 12339536 <b>Batch #</b> :0	<b>Claim Number</b> :
<b>Name</b> : MAHA ABDU	<b>Principal Name</b> : MAHA X ABDU
<b>Date Of Birth</b> : 1971	<b>Program Description</b> : KFH Groups

<b>Transaction Date</b> : 04/12/2022	<b>Invoice Number</b> :	<b>Physician</b> : Nader Mansour
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Diagnosis :  
 ▪ Pain in a joint, multiple sites  
 ▪ Acute pain  
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## Detailed Bill

Med File    15610

Cons. Fees :

0.00 KD

SSNBR : 19143018

Service	Item	Unit Price	Type	Qty Claimed	Curr	Total Claimed	Qty Appr.	Total Appr.	Disc.
PHARMACY	■ 1- AUGMENTIN Tabs 1gm 14 tabs	8.98	Box	1	KD	8.98	1	8.98	
	■ 2- Etoxa FC Tabs 90mg 30 tabs	4.60	Box	1	KD	4.60	1	4.60	

Summary			Patient Share		
<b>Total Claimed</b>	13.580	KD	<b>Excess Deductible</b>	1.358	KD
<b>Total Approved</b>	13.580	KD	<b>Exceeding Limitation</b>	0.000	KD
			<b>Uncovered Items</b>	0.000	KD
<b>Net Amount</b>	..... 12.222	KD	<b>Total Patient Share</b>	..... 1.358	KD

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Page 3 of 3

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