

Pre Authorization Approval letter

Hospital Name : Al Salam International Hospital
 Address : Bneid Al-Gar, Block 1 , Port Saied Street,
 Block 1, -
 Contact Nos : 1830003,

Date : 17/05/2022
 EEA No : 2534418

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

Name of the Insured/
 Claimant : Salah Abdulrazzaq Salah Al
 Mutawaa
 Member ID : 901661649
 Civil ID : 317102900697
 Policy Number : DIDAI21R0000028
 Service Start Date : 17/05/2022
 Treating Doctor Name : Other Treating Doctor
 Primary Diagnosis : 465.9 :: acute upper respiratory infections of unspecified
 site
 Secondary Diagnosis (If
 any) : -

Services Requested :

Service Details	Requested	Deductible	Not Covered	Accepted	Member Share	Disallowed Reason
17217p::pediakid flora baby drops 10ml	12.000	0.000	12.000	0.000	12.000	supplements not covered as per policy
12428p::floxotide evo 125mcg 60ds	23.200	3.480	0.000	19.720	3.480	
wapmed pharmacy::other pharmacy	6.900	1.035	0.000	5.865	1.035	
Total(KWD)	42.100	4.515	12.000	25.585	16.515	

Total Authorized/Accepted Amount : 25.585 KWD

Total Member Share Amount : 16.515 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:

Pre Authorization Approval letter

Hospital Name : Al Salam International Hospital
 Address : Bneid Al-Gar, Block 1 , Port Saied Street,
 Block 1, -
 Contact Nos : 1830003,

Date : 17/05/2022
 EEA No : 2534424

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

Name of the Insured/
 Claimant : Ziad Abdulrazzaq Salah Al
 Mutawaa
 Member ID : 901684680
 Civil ID : 320120900049
 Policy Number : DIDAI121R0000028
 Service Start Date : 17/05/2022
 Treating Doctor Name : Other Treating Doctor
 Primary Diagnosis : 465.9 :: acute upper respiratory infections of unspecified
 site

Services Requested :

Service Details	Requested	Deductible	Not Covered	Accepted	Member Share	Disallowed Reason
12428p::floxotide evo 125mcg 60ds	11.600	1.740	0.000	9.860	1.740	
17217p::pediakid flora baby drops 10ml	12.000	0.000	12.000	0.000	12.000	NATURAL NOT COVERED
wapmed pharmacy::other pharmacy	3.300	0.495	0.000	2.805	0.495	
Total(KWD)	26.900	2.235	12.000	12.665	14.235	

Total Authorized/Accepted Amount : 12.665 KWD

Total Member Share Amount : 14.235 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