

AUTHORISATION

Effective Date 27/04/2024 | Expiry Date | Authorisation. No. 13287711

Policy Holder Name & Number	LUDWIG LOUW 447530	Provider Code & Name	C6040 - DENTISTREE DENTAL CLINIC - JUMEIRAH
Policy Holder Fax Number		Provider Fax Number	
Policy Expiry date	28/03/2025	Authorization Type	DENTAL
Package	11219 Individual Health Plan - (Silver Premium) (DHA)	Room Type	Private
Member Name	LUDWIG LOUW	Request date & time	27/04/2024 17:56
Card Number	3363276	Reply date & time	27/04/2024 17:57
Gender & Age	MALE 41	Issue Date	27/04/2024
File Number		Date of admission	
ID number	784-1982-1380939-9		

Procedure Code	Procedure Description	Requested Quantity	Approved Quantity	Quantity Type	Member Participation
D1110	prophylaxis - adult	1	1		43.09
D0330	panoramic film	1	1		20.88

Case Number: 24086695

Incident Number: 24689615

Authorization Number: 13287711

Thanking you for your kind co-operation.

MedNet Claims Center Authorized Signature.
Mohamed Abdel Khalek