

REIMBURSEMENT AUTHORISATION # BP0001599260/1

On Behalf of the Payer: Emirates Airline

To: United Arab Emirates(AED)-EK Reimbursement Provider			
Att: Admission Department	Division: Claims Center		
Fax No: 1	Date: 24-Feb-2025	Time: 09:57	Pages: 01

BENEFICIARY / PATIENT

Last Name, Name DEATCHER TAYLOR - 450635	Date Of Birth: 17-Jun-1992
Policy No: 2086156	Expiry Date: 01-Apr-2025
Contract Name: TAYLOR DEATCHER	
Product: C/EMP	Family of Benefit: Dental
Card Number: 34F6-059C-319E-F3D2	Pin #: 2086156

ADMISSION

Attending Physician:
Hospitalisation Motive: Dental
Admission Date: 24-Feb-2025

CONDITION OF APPROVAL

Approved L.O.S.: 0 Days	Priority Payer:
Estimated Cost (AED) : 0	
<p>Service Type :</p> <p>Dentistree Dental Clinic - Jumeirah</p> <p>Dental Center</p> <p>United Arab Emirates</p> <p>AED 1700</p> <p>-----</p> <p>18/02/25</p> <p>1.Please upload duly filled dental claim form / dentist report with diagnosis for the requested treatment .</p> <p>2. Labelled x ray film with patient name and date taken.</p> <p>.....</p> <p>23/02/2025</p> <p>Dental treatment will be reimbursed as per scheme terms subject to the dental sublimit and prior utilisation:</p> <p>Approved services:</p> <p>Rct #30</p> <p>Claim process:</p> <p>Claims will be processed as per scheme terms (full details can be found in the Medical Benefits Manual on group world)</p> <ul style="list-style-type: none"> o Submit the claim on the same pre-approval within 6 months from treatment date o Completed dental claim form o Itemised invoice and receipt with proof of payment. For online payments include hospital payment confirmation and a screenshot or statement copy of the transaction with your bank 	

This Authorisation Form is valid until 26-Mar-2025

IMPORTANT

1. This authorisation/denial is based on the information submitted to Emirates Medical Benefits. In the event the information provided is erroneous or inadequate, Emirates Medical Benefits reserves the right to withdraw (invalidate) or cancel the approval retrospectively.
2. In case of any prospective revision to the authorised procedures and/ or diagnosis, Emirates Medical Benefits should be notified immediately to update the authorisation. Failure to notify us may result in non-settlement of the invoice(s) either partially or fully.
3. For non e-claims transactions, a copy of this authorisation letter should be attached to the claim submitted for payment.
4. Invoices related to non-approved services should not be submitted to Emirates Medical Benefits. Additional services rendered intraoperatively or during admission will not be pre-approved (or existing authorisation revised) and these services may be submitted as claims.
5. Emirates Medical Benefits reserves the right to approve payment for medical charges related strictly to the case authorised above. The final bill is subject to our auditing doctor's decision and will be based on relevant international guidelines and local standards of appropriateness.
6. Authorisation requests which are pending due to incomplete information will be cancelled if not responded to within 48 hours. The member will be notified of the cancellation by Emirates Medical Benefits.
7. If you have any questions or require further information please contact us 24/7 on +971 4 303 4016 or email "liaisonofficer-medical@emirates.com".

Best Regards

Emirates Medical Benefits

REIMBURSEMENT