

## AUTHORISATION

Effective Date 26/03/2025 | Expiry Date 25/04/2025 | Authorisation. No. 17087620

Policy Holder Name & Number	AL FUTTAIM PRIVATE CO. LLC. 453051	Provider Code & Name	C6040 - DENTISTREE DENTAL CLINIC - JUMEIRAH
Policy Holder Fax Number	04-2953895	Provider Fax Number	
Policy Expiry date	01/05/2025	Authorization Type	DENTAL
Package	15957 (AFG)Home Plan(Khaleej)-SP NW-(Grd I&J)-DHA	Room Type	Private
Member Name	EOGHAN MICHAEL MC MAHON	Request date & time	08/04/2025 16:41
Card Number	3485174	Reply date & time	08/04/2025 16:45
Gender & Age	MALE 49	Issue Date	08/04/2025
File Number		Date of admission	
ID number	784-1976-1030507-6		

### Diagnosis Code

ICD10 K02.9

### Diagnosis Description

Dental caries, unspecified

Procedure Code	Procedure Description	Requested Quantity	Approved Quantity	Quantity Type	Member Participation
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps re	1	1		25.00

Case Number: 30116655

Incident Number: 30843030

Authorization Number: 17087620

Thanking you for your kind co-operation.

MedNet Claims Center Authorized Signature.

Mohamed Abdel Khalek

**N.B.: In case of complications and/or request for further extension of stay and/or change in diagnosis, please contact the MCC on 24 hour basis (Tel. 600 546002; Fax. 800 4883) in order to issue the updated Authorization / VISA**