

# ACKNOWLEDGEMENT REPORT

Provider Call Center Within UAE (24 x 7): Tel: 600 546002

Outside UAE (24 x 7): Tel: +971 4 2757801

Fax: 800 4883

SUBMITTED BY

**C1236 - AL DANA MEDICO-DENTAL CLINIC-RAK**

DATE

**02/08/2018**

## BATCH INFO

BATCH NUMBER

**923921**

NUMBER OF INVOICES

**1**

ADDRESS

**ADDRESS OF 953**

SUBMITTER TYPE

**PROVIDER**

CLAIMED AMOUNT

**1.00**

RECEIVED DATE

**02/08/2018**

RECEIVED BY

**Batch Creator 3**

EXTERNAL BATCH

**1**