

REQUEST FOR ADDITIONAL INFORMATION / CLARIFICATION

(Please send your replies at the earliest)

Generated Date/Time : 13/02/2025 12:38 PM

CLAIM DETAILS

Claim Shortfall No.	: 1169914616-01	Claim Status	: Shortfall
Patient Name	: KHALID MOHAMMED SHAIKH	Contact No.	:
Al Koot ID No.	: 11027679901		
Principal Insured Name	: KHALID MOHAMMED SHAIKH		
Corporate Name	: ORYX UNIVERSAL COLLEGE		
Policy No.	: AK/HC/00242/0/2	Group Name	: ORYX UNIVERSAL COLLEGE
Employee No.	: 1119		
Provider Name	: KINGS DENTAL CENTER	Provider License No.	:
Claim Invoice No.	: KDA2511210/KDA2510302	Claim Received Date	: 02-Feb-2025
Date of Treatment/Admission	: 30-Jan-2025	Encounter Type	: No Bed + No emergency room
Benefit Type	: DENTAL	Claim Type	: Member

Diagnosis Type	Diagnosis Code	Description
Principal	K02.9	Dental caries, unspecified

ADDITIONAL INFORMATION / CLARIFICATION REQUIRED FOR FURTHER PROCESSING

1. Other (please see remarks section)

OTHER QUERIES

kindly submit the itemized invoice ,, supporting radiology if done

NOTE: Please send us the scanned copy of any supporting documents wherever applicable.