Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-TPA004-20230504212930	Authorization	No Bed + No emergency room	04/05/2023
Patient Name:	**Patient ID:**	**Member ID:**	**Emirates ID:**
BINOD KHADKA	6908501a0daa45cf8cc5	R1PL-3NMM-VMVT-1VAE	999-9999-9999999-9

Request Time:	Response Time:	Download Time:	Cancel Time:
04/05/2023 21:29:00	04/05/2023 21:29:00	04/05/2023 21:33:49	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS044/TPA004 - NATIONAL LIFE AND GENERAL INSURANCE COMPANY SAOC/NAS Administration Services Limited	A230594563629587	No

Start:	End:	Limit:	Denial
04/05/2023 00:00:00	18/05/2023 00:00:00		CLAI-012 - Submission not compliant with contractual agreement between provider & payer

Comments:

1. As per Netwrok Procedure, requested treatment does not require authorization[Out-Patient]

Diagnosis:

Type	Diagnosis	#DxInfo
Principal	R09.81 - Nasal congestion	0
Secondary	J02.9 - Acute pharyngitis, unspecified	0
Secondary	R05 - Cough	0

Showing 1 to 3 of 3 entries

Activities:

Activity ID	Type	Activity	Clinician	Status	Quantity	PA Quantity	Net	PA Net	List	Payment Amount	Patient Share	Denial	#Obs
57366302	CPT	96365 - IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	DHA-P-28040827 - Enomen Goodluck Ekata	Rejected	1	1	40	40		0	0	CLAI-012 - Submission not compliant with contractual agreement between provider & payer	0
57366303	Drug	2190-106618-1001 - PARAFUSIV I.V. 10MG/ML, 100ML X 10, 10 MG/ML, SOLUTION FOR INFUSION, PHARMA BAVARIA INTERNATIONAL GMBH	DHA-P-28040827 - Enomen Goodluck Ekata	Rejected	1	1	8.4	8.4		0	0	CLAI-012 - Submission not compliant with contractual agreement between provider & payer	0
57366304	Service	9 - Consultation GP	DHA-P-28040827 - Enomen Goodluck Ekata	Rejected	1	1	25	25		0	0	CLAI-012 - Submission not compliant with contractual agreement between	2
				Total:	**3.00**	**3.00**	**73.40**	**73.40**		**0.00**	**0.00**		

Activity ID	Type	Activity	Clinician	Status	Quantity	PA Quantity	Net	PA Net	List	Payment Amount	Patient Share	Denial	#Obs
												provider & payer	
				Total:	**3.00**	**3.00**	**73.40**	**73.40**		**0.00**	**0.00**		

Showing 1 to 3 of 3 entries