

## Electronic Authorization Reference

### Details

|                                                                                                                                              |                                     |                            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------|--------------------|
| Transaction ID:                                                                                                                              | Transaction Type:                   | Encounter Type:            | Date Ordered:      |
| DHA-F-0047965-TPA004-20230519105116                                                                                                          | Authorization                       | No Bed + No emergency room | 19/05/2023         |
| Patient Name:                                                                                                                                | Patient ID:                         | Member ID:                 | Emirates ID:       |
| PANKAJ KUMAR PRAKASH CHAND                                                                                                                   | 281817997d99435da4d8                | 974C-CA3F-EF77-4FAD        | 999-9999-9999999-9 |
| Request Time:                                                                                                                                | Response Time:                      | Download Time:             | Cancel Time:       |
| 19/05/2023 10:51:00                                                                                                                          | 19/05/2023 11:04:00                 | 19/05/2023 11:10:06        |                    |
| Insurance Plan (Payer/TPA):                                                                                                                  | Authorization Ref Number (IDPAYER): | Result:                    |                    |
| INS134/TPA004 - MEDGULF - THE MEDITERRANEAN & GULF INSURANCE & REINSURANCE CO. B.S.C. (C) (DUBAI BRANCH)/NAS Administration Services Limited | A230595726597442                    | Yes                        |                    |
| Start:                                                                                                                                       | End:                                | Limit:                     | Denial             |
| 19/05/2023 00:00:00                                                                                                                          | 02/06/2023 00:00:00                 |                            |                    |

Comments:

### Diagnosis:

| Type                        | Diagnosis                                  | #DxInfo |
|-----------------------------|--------------------------------------------|---------|
| Principal                   | R19.7 - Diarrhea, unspecified              | 0       |
| Secondary                   | R10.30 - Lower abdominal pain, unspecified | 0       |
| Secondary                   | E86.0 - Dehydration                        | 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                      | #O |
|-------------|------|--------------------------------------------------------|--------------------------------|----------|----------|-------------|-------|--------|------|----------------|---------------|-----------------------------|----|
| 58003956    | CPT  | 96374 - THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG | DHA-P-47060439 - Sumaiya Galib | Rejected | 1        | 1           | 10    | 10     |      | 0              | 0             | PRCE-010 - Use bundled code | C  |
| 58003957    | CPT  | 86140 - C-REACTIVE PROTEIN                             | DHA-P-47060439 - Sumaiya Galib | Approved | 1        | 1           | 10    | 10     |      | 10             | 0             |                             | C  |
| 58003958    | CPT  | 85025 - BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC     | DHA-P-47060439 - Sumaiya Galib | Approved | 1        | 1           | 15    | 15     |      | 15             | 0             |                             | C  |
| 58003959    | CPT  | 96360 - IV INFUSION HYDRATION                          | DHA-P-47060439 -               | Approved | 1        | 1           | 15    | 15     |      | 15             | 0             |                             | C  |
| Total:      |      |                                                        |                                |          | 6.00     | 6.00        | 79.60 | 79.60  |      | 64.37          | 5.00          |                             |    |

| Activity ID | Type    | Activity                                                                                                        | Clinician                      | Status   | Quantity | PA Quantity | Net   | PA Net | List | Payment Amount | Patient Share | Denial | #O                                                                                    |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------|--------------------------------|----------|----------|-------------|-------|--------|------|----------------|---------------|--------|---------------------------------------------------------------------------------------|
| 58003960    | Drug    | INITIAL 31 MIN-1 HOUR                                                                                           | Sumaiya Galib                  |          |          |             |       |        |      |                |               |        |                                                                                       |
|             |         | 0005-136504-1021 - SCOPINAL, 5 X 1ML, 20 MG/ML, SOLUTION FOR INJECTION, JUPHAR (GULF PHARMACEUTICAL INDUSTRIES) | DHA-P-47060439 - Sumaiya Galib | Approved | 1        | 1           | 4.6   | 4.6    |      | 4.37           | 0             |        | C                                                                                     |
| 58003961    | Service | 9 - Consultation GP                                                                                             | DHA-P-47060439 - Sumaiya Galib | Approved | 1        | 1           | 25    | 25     |      | 20             | 5             |        | 2  |
| Total:      |         |                                                                                                                 |                                |          | 6.00     | 6.00        | 79.60 | 79.60  |      | 64.37          | 5.00          |        |                                                                                       |

Showing 1 to 6 of 6 entries