Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-TPA001-20230522120129	Authorization	No Bed + No emergency room	22/05/2023
Patient Name:	**Patient ID:**	**Member ID:**	**Emirates ID:**
SYLVETTE DEE APRIL BOJOS GORON	8c53ad995b954edfbad0	48IS868515143	999-9999-9999999-9

Request Time:	Response Time:	Download Time:	Cancel Time:
22/05/2023 12:01:00	22/05/2023 12:18:00	22/05/2023 12:20:55	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS014/TPA001 - RAS AL KHAIMAH NATIONAL INSURANCE COMPANY/NEURON LLC	A230595862106499	Yes

Start:	End:	Limit:	Denial
22/05/2023 00:00:00	21/06/2023 00:00:00		

Comments:

Diagnosis:

Type	Diagnosis	#DxInfo
Principal	K05.00 - Acute gingivitis, plaque induced	0
Secondary	K05.10 - Chronic gingivitis, plaque induced	0

Showing 1 to 2 of 2 entries

Activities:

Activity ID	Type	Activity	Clinician	Status	Quantity	PA Quantity	Net	PA Net	List	Payment Amount	Patient Share	Denial	#Obs
58124362	Dental	D0150 - Comprehensive oral evaluation - new or established patient	DHA-P-84724128 - Abdulrahman Al Tekreeti	Approved	1	1	90	90		72	18		1
				Total:	**1.00**	**1.00**	**90.00**	**90.00**		**72.00**	**18.00**		

Showing 1 to 1 of 1 entries