Electronic Authorization Reference

Details

Transaction ID:		Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-INS017-20230523170746		Authorization	No Bed + No emergency room	23/05/2023
Patient Name:		**Patient ID:**	**Member ID:**	**Emirates ID:**
NAHEEDA ATTA MUHAMMAD		fb68b97e3f384e7bbc4c	11366-33-A	999-9999-9999999-9
Request Time:	**Response Time:**	**Download Time:**	**Cancel Time:**	
23/05/2023 17:07:00	23/05/2023 21:34:00	23/05/2023 21:35:45		
Insurance Plan (Payer/TPA):		**Authorization Ref Number (IDPAYER):**	**Result:**	
INS017/INS017 - ADNIC - Abu Dhabi National Insurance Company		E9717749	No	
Start:	**End:**	**Limit:**	**Denial**	
23/05/2023 00:00:00	22/06/2023 00:00:00			

Comments:

Approval is not required as per standard protocol subject to med necessity and claims review

Diagnosis:

Type	Diagnosis	#DxInfo
Principal	R19.7 - Diarrhea, unspecified	0
Secondary	E86.0 - Dehydration	0
Secondary	R52 - Pain, unspecified	0
Secondary	R14.0 - Abdominal distension (gaseous)	0

Showing 1 to 4 of 4 entries

Activities:

Activity ID	Type	Activity	Clinician	Status	Quantity	PA Quantity	Net	PA Net	List	Payment Amount	Patient Share	Denial	#Obs
58193389	CPT	85025 - BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	DHA-P-47060439 - Sumaiya Galib	Rejected	1	0	64	64		0		AUTH-012 - Request for information	2
				Total:	**1.00**	**0.00**	**64.00**	**64.00**		**0.00**	**0.00**		

Showing 1 to 1 of 1 entries