

## Electronic Authorization Reference

### Details

|                                                                                              |                     |                                     |  |                                                                                         |  |                    |  |
|----------------------------------------------------------------------------------------------|---------------------|-------------------------------------|--|-----------------------------------------------------------------------------------------|--|--------------------|--|
| Transaction ID:                                                                              |                     | Transaction Type:                   |  | Encounter Type:                                                                         |  | Date Ordered:      |  |
| DHA-F-0047965-TPA004-20230627121639                                                          |                     | Authorization                       |  | No Bed + No emergency room                                                              |  | 27/06/2023         |  |
| Patient Name:                                                                                |                     | Patient ID:                         |  | Member ID:                                                                              |  | Emirates ID:       |  |
| MANOJ KUMAR GUPTA JAGAN NATH GUPTA                                                           |                     | 21872c535f0f4825a262                |  | 2CA5-DD3F-EF2C-2FAD                                                                     |  | 999-9999-9999999-9 |  |
| Request Time:                                                                                | Response Time:      | Download Time:                      |  | Cancel Time:                                                                            |  |                    |  |
| 27/06/2023 12:16:00                                                                          | 27/06/2023 12:16:00 | 27/06/2023 12:20:15                 |  |                                                                                         |  |                    |  |
| Insurance Plan (Payer/TPA):                                                                  |                     | Authorization Ref Number (IDPAYER): |  | Result:                                                                                 |  |                    |  |
| INS018/TPA004 - NOOR TAKAFUL FAMILY/NAS ADMINISTRATION SERVICES LIMITED                      |                     | A230698944600129                    |  | No                                                                                      |  |                    |  |
| Start:                                                                                       | End:                | Limit:                              |  | Denial                                                                                  |  |                    |  |
| 27/06/2023 00:00:00                                                                          | 11/07/2023 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                   | M17.11 - Unilateral primary osteoarthritis, right knee | 0       |
| Showing 1 to 1 of 1 entries |                                                        |         |

### Activities:

| Activity ID | Type | Activity                                                                              | Clinician                      | Status   | Quantity | PA Quantity | Net   | PA Net | List | Payment Amount | Patient Share | Denial                                                                                  | #Obs |
|-------------|------|---------------------------------------------------------------------------------------|--------------------------------|----------|----------|-------------|-------|--------|------|----------------|---------------|-----------------------------------------------------------------------------------------|------|
| 59730062    | CPT  | 86140 - C-REACTIVE PROTEIN                                                            | DHA-P-47060439 - Sumaiya Galib | Rejected | 1        | 1           | 10    | 10     |      | 0              | 0             | CLAI-012 - Submission not compliant with contractual agreement between provider & payer | 0    |
| 59730063    | CPT  | 85025 - BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC                                    | DHA-P-47060439 - Sumaiya Galib | Rejected | 1        | 1           | 15    | 15     |      | 0              | 0             | CLAI-012 - Submission not compliant with contractual agreement between provider & payer | 0    |
| 59730064    | Drug | 0005-149902-1021 - CLOFEN , 5 X 3ML, 75 MG/3ML, SOLUTION FOR INJECTION, JULPHAR (GULF | DHA-P-47060439 - Sumaiya Galib | Rejected | 1        | 1           | 6.5   | 6.5    |      | 0              | 0             | CLAI-012 - Submission not compliant with contractual agreement                          | 0    |
| Total:      |      |                                                                                       |                                |          | 5.00     | 5.00        | 66.50 | 66.50  |      | 0.00           | 0.00          |                                                                                         |      |

| Activity ID                 | Type    | Activity                                               | Clinician                      | Status   | Quantity | PA Quantity | Net   | PA Net | List | Payment Amount | Patient Share | Denial                                                                                  | #Obs                                                                                  |
|-----------------------------|---------|--------------------------------------------------------|--------------------------------|----------|----------|-------------|-------|--------|------|----------------|---------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|                             |         | PHARMACEUTICAL INDUSTRIES)                             |                                |          |          |             |       |        |      |                |               | between provider & payer                                                                |                                                                                       |
| 59730065                    | CPT     | 96374 - THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG | DHA-P-47060439 - Sumaiya Galib | Rejected | 1        | 1           | 10    | 10     |      | 0              | 0             | CLAI-012 - Submission not compliant with contractual agreement between provider & payer | 0                                                                                     |
| 59730066                    | Service | 9 - Consultation GP                                    | DHA-P-47060439 - Sumaiya Galib | Rejected | 1        | 1           | 25    | 25     |      | 0              | 0             | CLAI-012 - Submission not compliant with contractual agreement between provider & payer | 2  |
| Total:                      |         |                                                        |                                |          | 5.00     | 5.00        | 66.50 | 66.50  |      | 0.00           | 0.00          |                                                                                         |                                                                                       |
| Showing 1 to 5 of 5 entries |         |                                                        |                                |          |          |             |       |        |      |                |               |                                                                                         |                                                                                       |