Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-TPA001-20231017145542	Authorization	No Bed + No emergency room	15/10/2023

Patient Name:	Patient ID:	Member ID:	Emirates ID:
SHIMAA ALSAYED ABDELSALAM MOHAMMED ALSHAITANY	eeb4a921ca814ad0a56a	52GM7090821422101	999-9999-9999999-9

Request Time:	Response Time:	Download Time:	Cancel Time:
17/10/2023 14:55:00	17/10/2023 14:55:00	17/10/2023 15:00:57	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS137/TPA001 - CIGNA INSURANCE MIDDLE EAST (S.A.L) - DUBAI BRANCH/NEURON LLC	A231010738957728	Yes

Start:	End:	Limit:	Denial
15/10/2023 00:00:00	16/11/2023 00:00:00		

Comments:

Diagnosis:

Type	Diagnosis	#DxInfo
Principal	K02.7 - Dental root caries	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
64600417	Dental	D0150 - Comprehensive oral evaluation - new or established patient	DHA-P-15722242 - Alireza Vafakish	Approved	1	1	105	105		105	0		3
				Total:	**1.00**	**1.00**	**105.00**	**105.00**		**105.00**	**0.00**		

Showing 1 to 1 of 1 entries