Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-INS010-20240625155508	Eligibility	No Bed + No emergency room	25/06/2024
Patient Name:	**Patient ID:**	**Member ID:**	**Emirates ID:**
OUSSAMA ELKHBIIZI	a303843f7a214850beee	16/XC/30025/0/85/E/0	999-9999-9999999-9

Request Time:	Response Time:	Download Time:	Cancel Time:
25/06/2024 15:55:00	25/06/2024 15:56:00	25/06/2024 15:57:11	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS010/INS010 - AXA - AXA Insurance Gulf	4036285497	Yes

Start:	End:	Limit:	Denial
25/06/2024 00:00:00	25/07/2024 00:00:00		

Comments: