Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-INS010-20240611084026	Authorization	No Bed + No emergency room	11/06/2024

Patient Name:	Patient ID:	Member ID:	Emirates ID:
REHAM GHASSAN JUMAH OBEID	42230	13/XC/35643/0/150/E/0	999-9999-9999999-9

Request Time:	Response Time:	Download Time:	Cancel Time:
11/06/2024 08:40:00	11/06/2024 08:43:00	11/06/2024 08:44:03	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS010/INS010 - AXA - AXA Insurance Gulf	EC3860661	Yes

Start:	End:	Limit:	Denial
11/06/2024 00:00:00	30/06/2024 00:00:00	27.2	

Comments:

D0220 intraoral periapical first film RADIOLOGY Tooth Number: 1 13

Diagnosis:

Type	Diagnosis	#DxInfo
Principal	K04.7 - Periapical abscess without sinus	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
74934250	Dental	D0220 - Intraoral - periapical first radiographic image	DHA-P-0230994 - Rashmi Keshava Murthy Mosale	Approved	1	1	34	27.2	34	27.2	6.8		2
				Total:	**1.00**	**1.00**	**34.00**	**27.20**		**27.20**	**6.80**		

Showing 1 to 1 of 1 entries