Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-TPA004-20240816200138	Eligibility	No Bed + No emergency room	16/08/2024
Patient Name:	**Patient ID:**	**Member ID:**	**Emirates ID:**
MOHAMED RAHIL HASSIM	1678e53819324af08b9c	J28G-JGE2-C2C2-2CDE	999-9999-9999999-9

Request Time:	Response Time:	Download Time:	Cancel Time:
16/08/2024 20:01:00	16/08/2024 20:01:00	16/08/2024 20:02:13	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS008/TPA004 - ORIENT INSURANCE P.J.S.C/NAS ADMINISTRATION SERVICES LIMITED	A240812966334036	Yes

Start:	End:	Limit:	Denial
16/08/2024 00:00:00	30/08/2024 00:00:00		

Comments: