Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-INS010-20240821191301	Eligibility	No Bed + No emergency room	21/08/2024
Patient Name:	**Patient ID:**	**Member ID:**	**Emirates ID:**
ANJAM SAEED SAHIBZADA EHTAZAZ AHMED SAHIBZADA	2509f9be757c495ea226	784-1986-0514087-4	784-1986-0514087-4

Request Time:	Response Time:	Download Time:	Cancel Time:
21/08/2024 19:13:00	21/08/2024 19:12:00	21/08/2024 19:14:12	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS010/INS010 - AXA - AXA Insurance Gulf	4036689186	Yes

Start:	End:	Limit:	Denial
21/08/2024 00:00:00	20/09/2024 00:00:00		

Comments:

Wrong Member Id