Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-INS010-20240906203445	Eligibility	No Bed + No emergency room	06/09/2024
Patient Name:	**Patient ID:**	**Member ID:**	**Emirates ID:**
YAHYA MOHAMED ALY ELSAYED ABDELFATTAH	e9fe9a1ea9ad4d7fade0	13/XC/35955/0/124/S/2	999-9999-9999999-9

Request Time:	Response Time:	Download Time:	Cancel Time:
06/09/2024 20:34:00	06/09/2024 20:34:00	06/09/2024 20:35:11	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS010/INS010 - AXA - AXA Insurance Gulf	4036799075	Yes

Start:	End:	Limit:	Denial
06/09/2024 00:00:00	06/10/2024 00:00:00		

Comments: