

Details

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Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-INS010-20241018171323	Eligibility	No Bed + No emergency room	18/10/2024
Patient Name:	Patient ID:	Member ID:	Emirates ID:
NARGIZA BEISHENBEK KYZY	ca3f3116799a4132a14b	784-1991-0324761-7	784-1991-0324761-7
Request Time:	Response Time:	Download Time:	Cancel Time:
18/10/2024 17:13:00	18/10/2024 17:13:00	18/10/2024 17:14:09	
Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:	
INS010/INS010 - AXA - AXA Insurance Gulf	4037119373	Yes	
Start:	End:	Limit:	Denial
18/10/2024 00:00:00	17/11/2024 00:00:00		
Comments:			
Wrong Member Id			