Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-INS010-20241026020447	Eligibility	No Bed + No emergency room	26/10/2024
Patient Name:	**Patient ID:**	**Member ID:**	**Emirates ID:**
SEVCAN DAGLI	41583	13/XC/35903/0/152/E/0	999-9999-9999999-9

Request Time:	Response Time:	Download Time:	Cancel Time:
26/10/2024 02:04:00	26/10/2024 02:04:00	26/10/2024 02:05:08	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS010/INS010 - AXA - AXA Insurance Gulf	4037174208	Yes

Start:	End:	Limit:	Denial
26/10/2024 00:00:00	25/11/2024 00:00:00		

Comments: