Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-INS010-20241026100930	Eligibility	No Bed + No emergency room	26/10/2024
Patient Name:	**Patient ID:**	**Member ID:**	**Emirates ID:**
CAN POLAT	d68ee5d7f8084ca69919	16/XC/30038/0/572/E/0	999-9999-9999999-9

Request Time:	Response Time:	Download Time:	Cancel Time:
26/10/2024 10:09:00	26/10/2024 10:10:00	26/10/2024 10:11:04	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS010/INS010 - AXA - AXA Insurance Gulf	4037174665	Yes

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

Comments: