Electronic Authorization Reference

Details

Transaction ID:	Transaction Type:	Encounter Type:	Date Ordered:
DHA-F-0047965-INS010-20241028205549	Eligibility	No Bed + No emergency room	28/10/2024

Patient Name:	Patient ID:	Member ID:	Emirates ID:
AZIZ BEN BAHIM	5ad2290866294c1a9d07	784-2001-9039296-7	784-2001-9039296-7

Request Time:	Response Time:	Download Time:	Cancel Time:
28/10/2024 20:55:00	28/10/2024 20:56:00	28/10/2024 20:56:16	

Insurance Plan (Payer/TPA):	Authorization Ref Number (IDPAYER):	Result:
INS010/INS010 - AXA - AXA Insurance Gulf	4037194669	Yes

Start:	End:	Limit:	Denial
28/10/2024 00:00:00	27/11/2024 00:00:00		

Comments:

Wrong Member Id