

April 2026

Spring '26 Release

REDEFINE POSSIBLE

“Innovation distinguishes between a leader and a follower.”
- Steve Jobs

Safe Harbor Statement

The following is intended to outline our general product direction. It is intended for information purposes only and may not be incorporated into any contract. It is not a commitment to deliver any material, code, or functionality, and should not be relied upon in making purchasing decisions. The development, release, and timing of any features or functionality described for Majesco's products remain at the sole discretion of Majesco.

“Spring ’26 marks an important step forward for our customers as they navigate increasing complexity and rising expectations across their businesses. This release brings together meaningful innovation across the suite, including reimagined task management, faster performance, embedded analytics, customer-driven enhancements, and new Agentic AI capabilities that help teams streamline work and focus more on what matters most. More than a collection of new features, Spring ’26 is about expanding what customers can expect from their core systems. Systems that help them move faster, work smarter, respond with greater confidence, and unlock greater value across their business.”

Manish Shah

President & Chief Product Officer at Majesco





MAJESCO L&AH INTELLIGENT CORE

Powered by AI & Analytics

Redefine possible with L&AH Intelligent Core

Innovation that helps carriers simplify complexity, improve operational control, and turn AI into business value.



Copilot but Better

Primed for complex work, your new and improved Copilot remembers your context, explains every decision, and turns multi-step workflows into fast, high-confidence outcomes.



Underwriting That Moves Beyond Spreadsheets

Standardize group underwriting, speed quotes, and increase RFP capacity with an AI-enabled, cloud-native approach.



A Smarter Core for Major Medical

Bring major medical, ancillary, and voluntary benefits together to simplify operations and improve insight across the portfolio.



Get Commissions Right the First Time

Help ensure producers are paid correctly the first time with cleaner data, automated updates, and less downstream rework.



Smarter Billing, Faster Claims, & Zero Backlog with New Agents

Automate bill validation, payment reconciliation, and claim reopening to cut manual effort, accelerate cash application, and ensure every transaction is audit-ready — at scale.



Run the Suite with More Control

Improve transparency across Policy, Billing, and Claims with cleaner changes, better history, and unified document access.



Reliability You Can Run On

Increase resiliency and reduce operational disruption with stronger batch processing, reconciliation, and self-healing claims support.



Why It Matters

These enhancements help L&AH insurers reduce complexity, improve operational control, accelerate key workflows, and bring AI and automation into the core of everyday business execution.

It's time to promote your Copilot.

From helpful assistant to mission-critical teammate.



Business Challenge

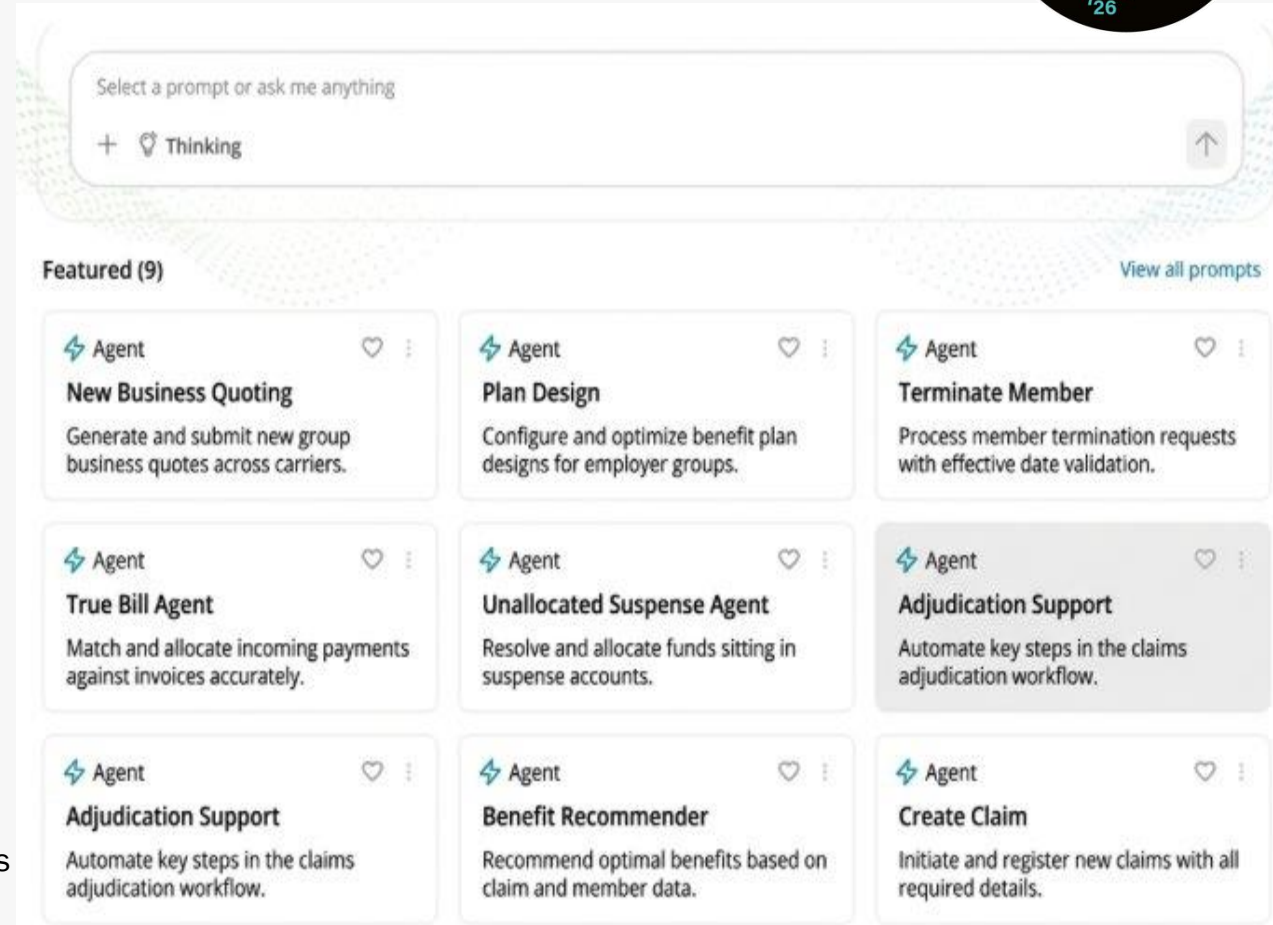
- Early Copilot work in L&AH focused on simple Q&A within one module, making it hard to drive complex, multi-step journeys across Policy, Billing, Claims, and Distribution Management.

Capabilities

- **Right model for the job** – switch between fast responses and deeper reasoning, powered by a session-aware engine that keeps context across tasks and journeys.
- **Transparent, trustworthy AI** – every answer and action is traceable and auditable, so teams can understand and govern how decisions were made.
- **Built-in prompt & agent gallery**– ready-to-use prompts and agentic agents so the user can work smarter not harder to execute repetitive business functions
- **Copilot chat/search history** - saved sessions make it easy to start quickly and pick up work where you left off.

Business Value Add

- **Faster, higher-quality decisions** on complex, multi-step workflows with fewer errors and less rework.
- **Stronger governance and compliance** with clear audit trails for AI-assisted activity.
- **Quicker time-to-value and adoption** thanks to reusable prompts, saved context, and flexible model choices that scale with your business.



One coordinated experience across the medical portfolio.

Bring major medical, ancillary, and voluntary benefits onto a shared core to reduce friction and unlock smarter operations.



Business Challenge

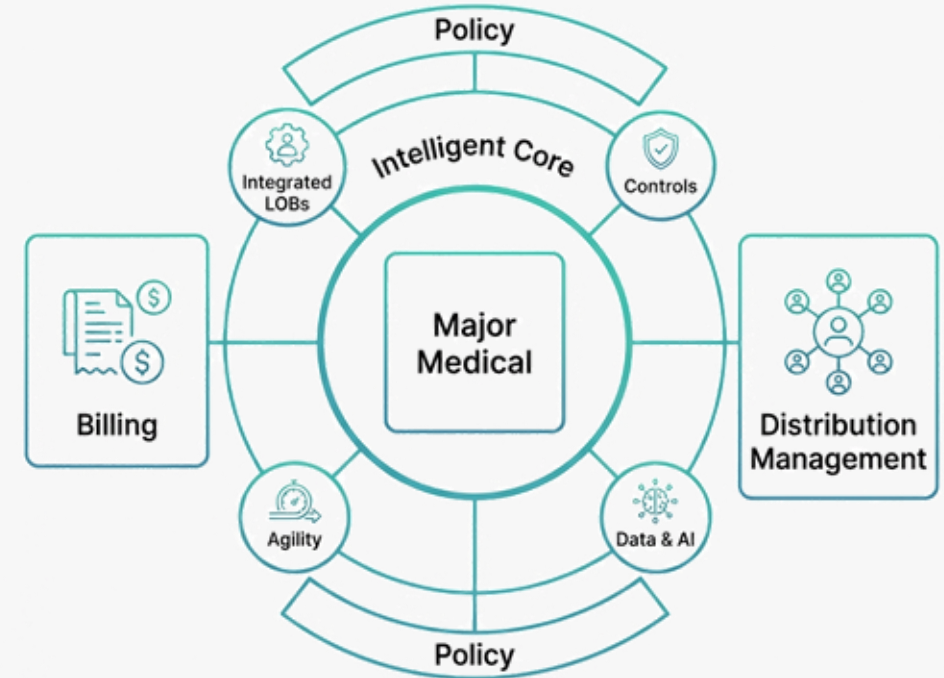
- Disconnected major medical, ancillary, and voluntary products make eligibility, enrollment, billing, and claims feel like separate programs.
- Misaligned PAS, billing, and distribution systems increase risk of billing errors, reconciliation issues, and inconsistent producer compensation.
- Limited access to clinical/utilization data and performance analytics constrains proactive care, cost management, and portfolio growth.

Capabilities

- **Integrated, multi-LOB experiences** aligning major medical with ancillary and voluntary benefits, so programs behave as a single, coordinated offering.
- **Operational agility at scale** using shared rules, workflows, and data fabric to launch new products, support new segments, and respond quickly to regulatory/market change.
- **Data- & AI-ready foundation** exposing rich clinical and utilization data to analytics & AI.
- PAS core for LOB, underwriting and enrollment, anchored to billing and distribution.
- **Billing core with direct bill, list bill, self-admin funding**, contribution strategies and accumulators, and premium/cost-share/reconciliation capabilities.
- **Distribution Management core for producer hierarchies** and appointments, commission schedules and incentives, and performance analytics across the medical portfolio.

Business Value Add

- **Launch and scale health offerings faster** with configurable products, end-to-end administration, and a predictable upgrade cadence.
- Built on a cloud-native platform with **strong security and open APIs** to simplify integration and futureproof operations.
- **Reduces total cost of ownership**, keeps you current with timely upgrades, and accelerates time-to-value through seamless ecosystem connectivity.
- Built for compliance and agility, enabling **rapid product changes and regulatory updates**.



Protect Every Payment. Prevent Every Avoidable Leak.

Accurate credit, clean hierarchies, stronger compliance.



Business Challenge

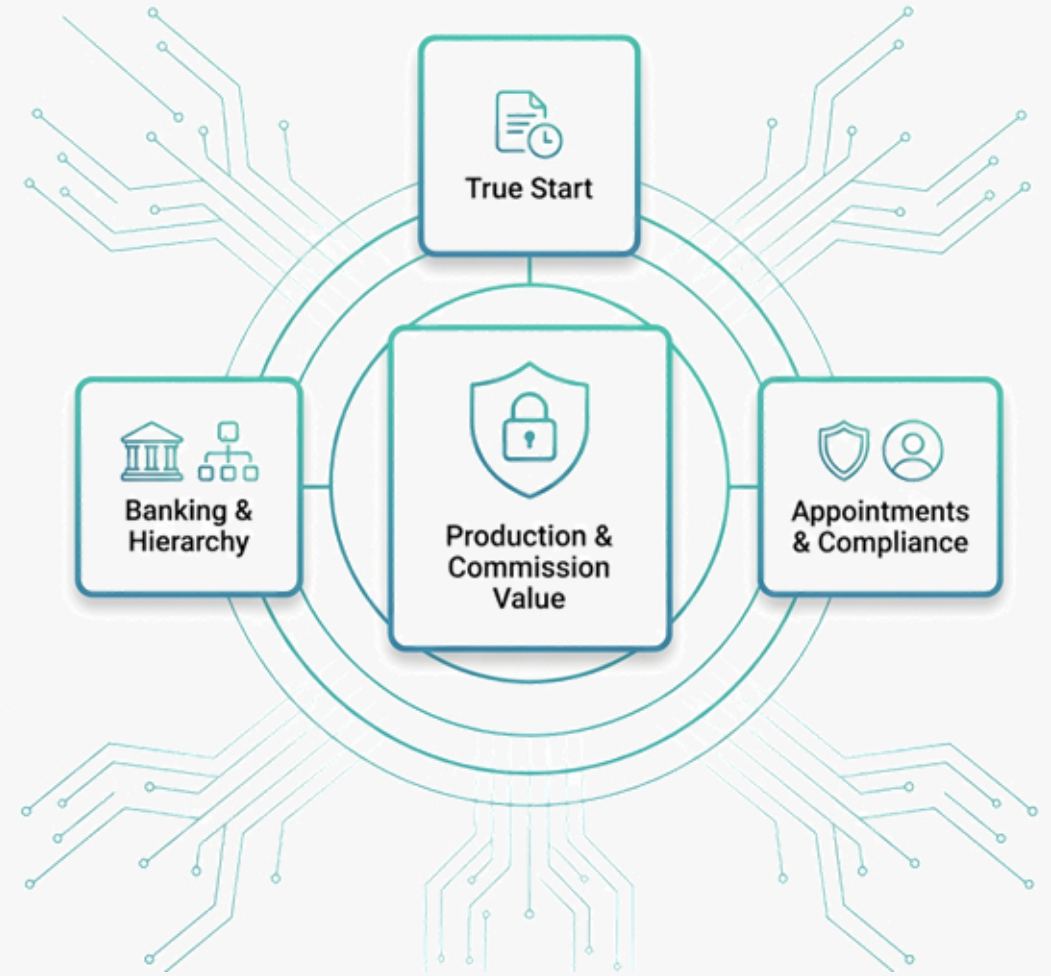
- Risk of inaccurate production credit and compensation when contracts are backdated or credit timing is wrong.
- Complex, error-prone banking and hierarchy management (accounts, pay-to hierarchies, portfolio transfers).
- Manual, reactive work to maintain appointments, profiles, and compliance, with risk of duplicates and missed terminations/changes.

Capabilities

- **Capture the true start of the relationship** – Accurate credit and timing for backdated contracts via APIs, mass onboarding, and wrapper APIs, with a clean audit trail.
- **Clean, configurable banking & hierarchy** – Configurable bank validation rules, auto-updating pay-to hierarchies, and pre-activation group portfolio transfers.
- **Stronger appointments, profiles & compliance** – Automated compliance and profile updates, smarter appointment terminations, change movements, PDB alerts, and retrigger capabilities with guardrails.

Business Value Add

- **Protects production credit and commission value** so producers are paid correctly and on time.
- **Reduces downstream clean-up work** by preventing errors instead of fixing them after the fact.
- **Strengthens compliance and controls** across banking, hierarchies, and appointments, lowering operational and regulatory risk.





Save surprises for birthdays. Cleaner changes with less risk.

Handle endorsements, retro activity, and structural changes with less risk, less rework, and a clearer audit trail.

Business Challenge

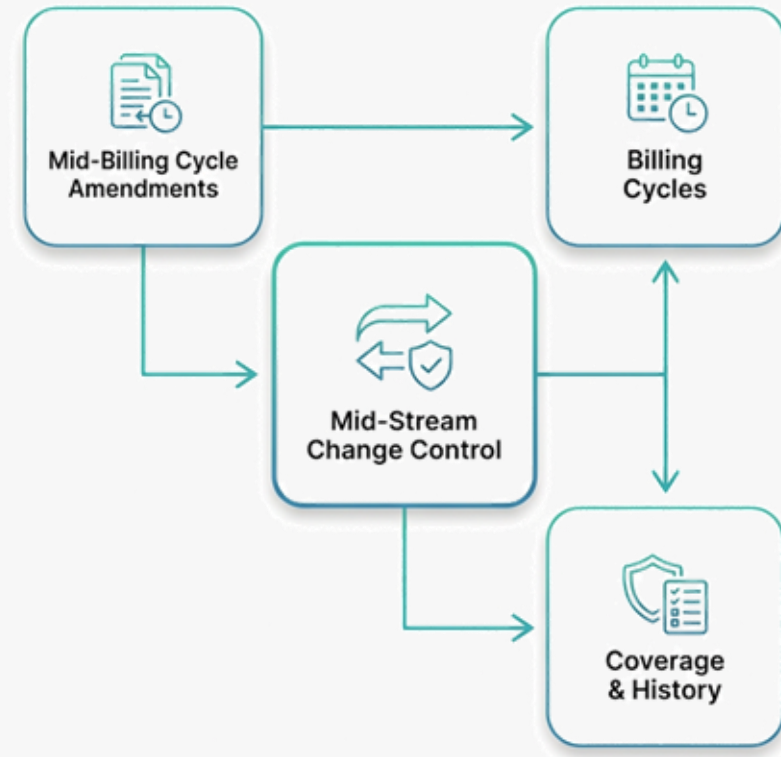
- Mid-stream amendments, endorsements, and retro activity create risk and complexity for policy and billing teams.
- Out-of-cycle billing surprises occur when change effective dates don't align cleanly with billing cycles.
- Complex life-cycle events (ported certificates, group terminations, retro member changes) are hard to manage without rebilling or creating coverage/claims errors.
- Difficult to maintain clean history and auditability when rate tier formats or structures change.

Capabilities

- **Smarter control over when changes hit billing**
 - Amendments effective from the next bill cycle, capturing a billing effective-from date and passing it directly into billing.
 - Treat rate tier format changes as amendments, so structural changes (e.g., 3-tier to 4-tier) are recorded cleanly for audit.
- **Handling complex life-cycle events**
 - Endorsements on ported certificates after group termination so coverage and claims remain correct.
 - Endorsements on policies post group termination, with the option to process them without rebilling.
 - Retro member endorsements without rebill using write-off options where appropriate.

Business Value Add

- **Cleaner mid-stream changes** with a clear, auditable history.
- **Fewer billing surprises** for employers, members, and producers by aligning changes with billing cycles.
- **Safer retro activity and life-cycle handling**, reducing manual clean-up, rework, and risk of coverage or claims errors.



See the full claims story. Act with confidence.

Clearer histories, tighter reserves, faster payments.



Business Challenge

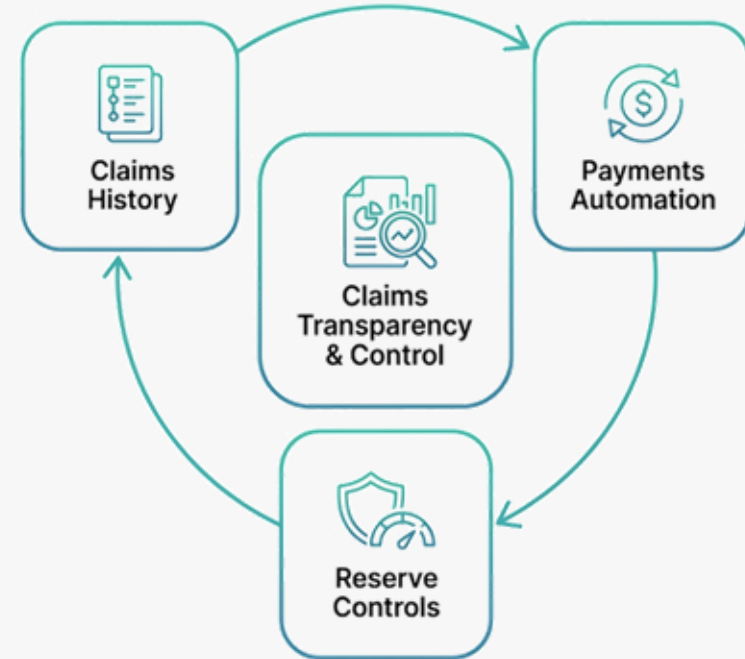
- Limited visibility into claim history, making it hard to see business-meaningful information for each transaction, task, correspondence, and status change.
- Weak disability and WOP reserve controls, with insufficient tracking of reserve changes and audit trail.
- Manual, fragmented claims payments and bank reconciliation, increasing effort, delays, and risk of errors.

Capabilities

- **A Claims History You Can Truly Use** – Overhauls claim history, so teams see rich, business-meaningful details for every event, making claims easier to analyze, explain, and defend.
- **Stronger Disability & WOP Reserve Controls** – Tightens adjudication workflows and tracks every WOP reserve change with full, timestamped history for financial transparency and audit readiness.
- **Straight-Through Payments with NACHA** – Automates claims payments by populating staging tables, generating payment files, and processing bank responses to update payment status with far less manual reconciliation.

Business Value Add

- **Clearer claim histories that support better analysis**, customer communication, and dispute management.
- **Tighter reserve control and financial transparency**, improving governance and audit readiness.
- **More automated payments with reduced manual work**, faster settlement, and fewer reconciliation issues.



One document experience across the suite.

Unify access, routing, and governance without forcing customers into one repository choice.



Business Challenge

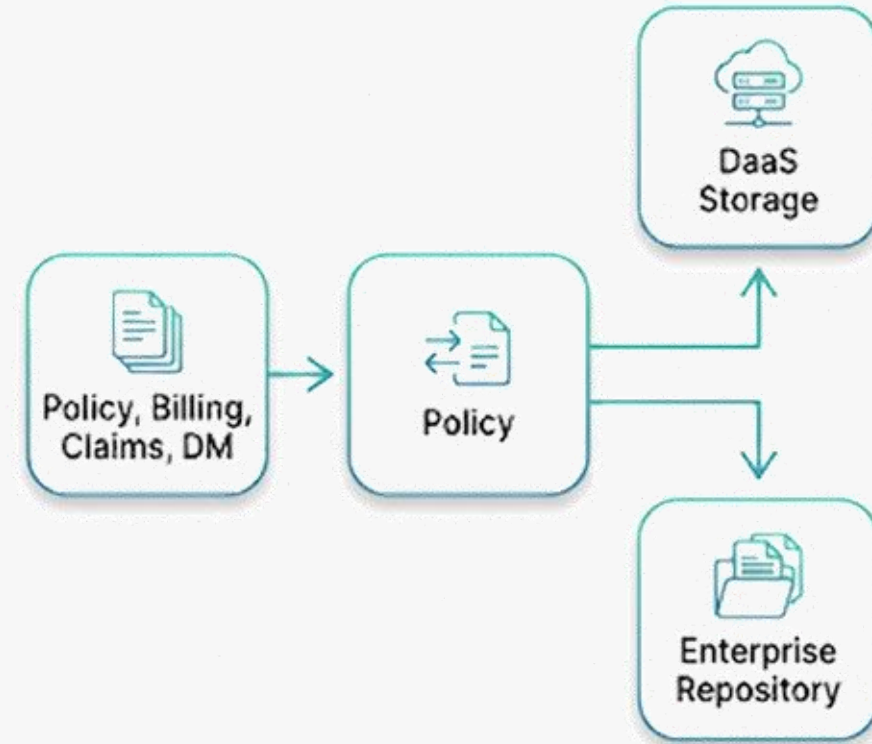
- Fragmented document storage across Policy, Billing, Claims, and DM creates inconsistent user experiences and confusion about where documents live.
- Carriers want flexibility in repository choice (e.g., Laserfiche vs. DaaS) without breaking process flows.
- Managing metadata, routing, and access across multiple systems is complex and error-prone.

Capabilities

- **Policy as single-entry point** – Central “hub” for GB and DM billing/policy documents so users start in one place.
- **DaaS Document Storage** – Documents generated and served from DaaS based on configuration, with Policy managing routing and metadata.
- **Laserfiche integration for Claims** – Claims use cases join the same DaaS-driven flow so carriers can standardize on Laserfiche as a preferred repository.

Business Value Add

- **Customer choice of repository** (DaaS, Laserfiche) without fragmenting the user experience.
- **Single, consistent way to find and use documents** across Policy, Billing, Claims, and DM.
- **Improved operational efficiency and governance** through centralized routing and metadata control.



Reliability you can run on. Every day.

Strengthen uptime, reconciliation, and recoverability so operations run cleaner with less firefighting.



Business Challenge

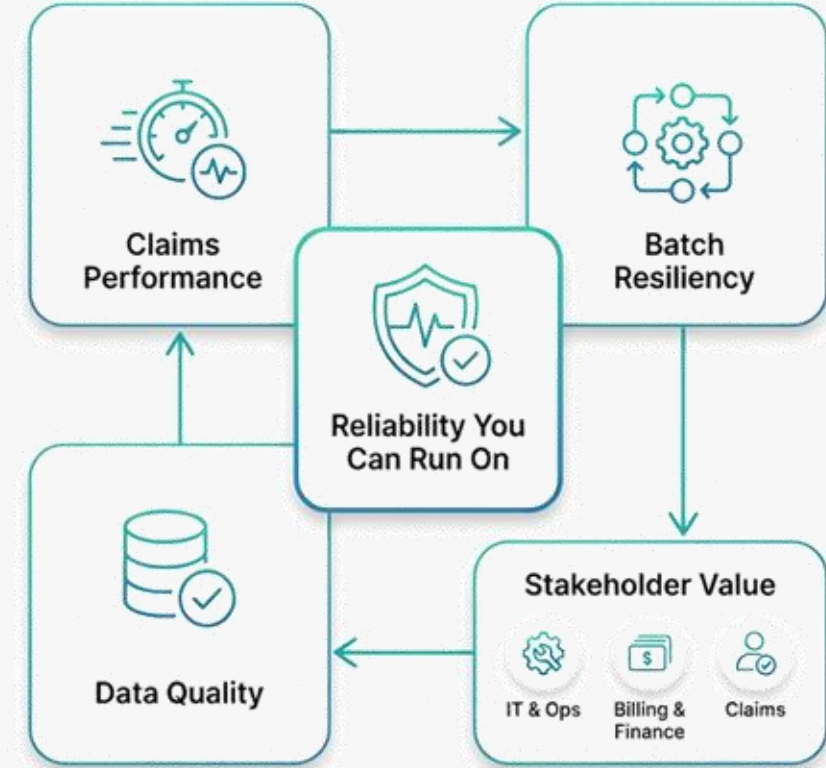
- Unpredictable reliability across Policy, Billing, and Claims, leading to downtime, failures, and manual firefighting.
- Fragile batch processing with scattered jobs, custom scripts, and limited observability.
- Inconsistent data and reconciliation issues between policy, billing, and provider systems.

Capabilities

- **Enterprise-Grade Batch Resiliency**
 - Cloud-native orchestration on Azure Logic Apps with automated REST jobs, retries, and environment-specific configs.
 - PAS-compliant framework and simplified configuration with out-of-the-box APIs, reducing misconfiguration risk.
 - Unified resource management and observability (threads, telemetry, logging) and hands-free end-of-day orchestration. (sequencing, timeouts, notifications)
- **Data quality & reconciliation**
 - Automated Policy-Billing reconciliation, provider data cleanup, and billing data correction (bill generation, deductions, payment allocation) to keep data consistent and repair issues quickly.
- **Claims performance & recoverability**
 - Automatically detects and reprocesses stuck claims, flags unresolved cases, and standardizes change history for better diagnostics.

Business Value Add

- For IT & Operations leaders: **A more stable, observable platform** with enhanced uptime, streamlined maintenance, and improved operational efficiency.
- For Billing & Finance teams: **More accurate financial reporting**, faster reconciliations, fewer billing errors, and cleaner operational repair.
- For Claims organizations: **Faster claims processing, higher recovery rates**, and a more intuitive claims user experience.



Audit, correct, deliver. Every bill, every time.

True Bill Agent



Business Challenge

- Bills are generated based on enrollment data that may be stale, retroactively amended, or misaligned with plan terms — causing inaccurate invoices to reach employers and members.
- This usually goes undetected until they surface as disputes or reconciliation exceptions.
- Billing errors discovered post-generation trigger manual rework, re-billing cycles, and employer follow-up, consuming analyst time and eroding client trust.

Capabilities

- Automatically audits **every bill at the point of generation**, comparing premium calculations against current enrollment data, plan terms, and rate structures
- Detects discrepancies including zero bill amounts, duplicate charges, premium mismatches, and coverage/plan misalignments **before the bill is released**
- Generates a corrected bill or raises a targeted exception task with full audit trail — ensuring only accurate invoices reach employers and members


Business Value Add

- **100% of bills audited** at the time of generation — eliminating reactive correction cycles that slow down billing operations
- **Improves employer and member trust** by delivering accurate, explainable invoices on time, every time


True Bill Agent — Automated Bill Audit Workflow



100% Bills Audited
At point of generation, every cycle



Less Manual Rework
Catch errors before invoices are released



Accurate & On-Time
Trusted invoices, every employer, every month

Match, allocate, reconcile. No payment left behind.

Unallocated Suspense Agent



Business Challenge

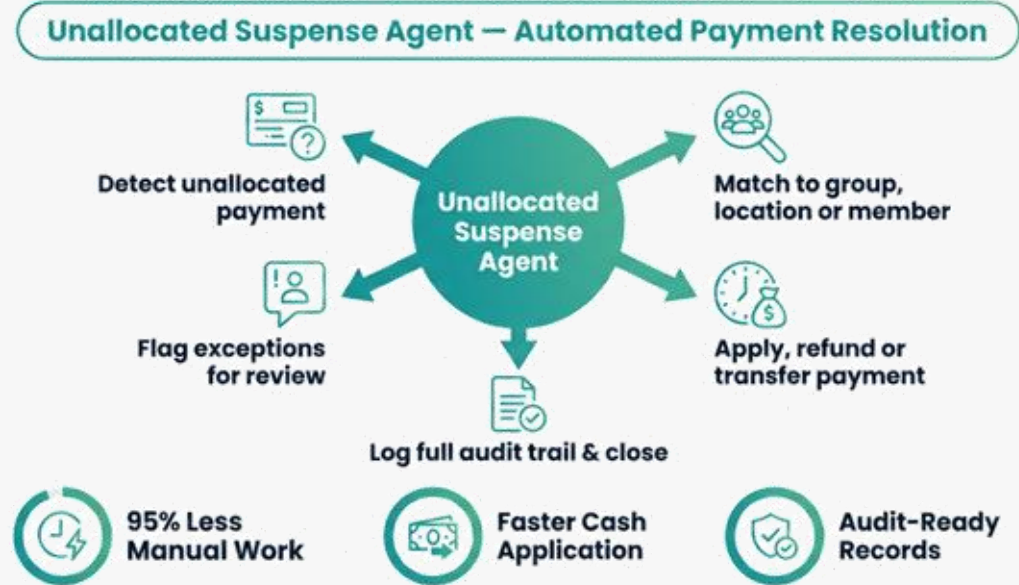
- Billing teams spend critical time manually researching unidentified or excess payments sitting in suspense queues across bill locations, members, and certificates.
- Payments flagged require manual intervention, causing delays in cash application and financial close cycles.
- High volumes of unresolved suspense balances create downstream financial risk, audit exposure, and prolonged days sales outstanding (DSO).

Capabilities

- **Automatically identifies and matches** unallocated or unidentified payments to the correct group, billing location, or member certificate using AI-driven payment matching logic
- Resolves suspense accounts by applying, refunding, or transferring payments — handling short pay, overpay, and unidentified payment scenarios **based on the carrier's operating procedures**
- Flags exception cases for **human review with a full audit trail**, ensuring every allocation decision is traceable and compliant

Business Value Add

- **95% reduction** in manual payment research and resolution effort — accelerating cash application and improving DSO
- **Eliminates suspense backlogs** that tie up working capital and create reconciliation headaches for finance and billing ops teams
- More immediate premium allocation **enables commissions to be paid promptly** and helps maintain good standing with broker partners



Detect, reopen, resolve. In seconds.

Reopen Assist Agent



Business Challenge

- Manual claim reopening takes hours if not days — triggered by returned EoBs, inbound documents, or communication events.
- At 5-15% of total volume of claims, adjusters spend significant capacity on repetitive admin vs. complex claim decisions.
- Inconsistent execution leads to missed audit notes, SLA breaches, and compliance gaps at high volumes.

Capabilities

- **Detects reopen triggers automatically** — extracts claim number from emails, documents, or system events
- Documents the reasons for reopening the Claim and notes based on **carriers' business practices**
- Completes the reopen across all required screens based on submitted documentation
- **Auto-reprocesses the claim** with option of bringing human in loop based on the carrier's business practices.

Business Value Add

- **Handles reopens autonomously** — freeing adjusters for high-complexity decisions
- Cuts reopen time from hours → minutes — a 90%+ reduction per claim and **improved customer experience**
- Guarantees **100% audit-compliant** records on every transaction — zero documentation gaps

Reopen Assist Agent — Automated Claim Reopen





MAJESCO L&AH INTELLIGENT UNDERWRITING

Powered by AI & Analytics

Intelligent Underwriting: Designed by Underwriters FOR Underwriters.



Available standalone or fully integrated with Core.

Turn underwriting into a faster, more scalable operation that helps teams increase capacity without adding headcount.

Business Challenge

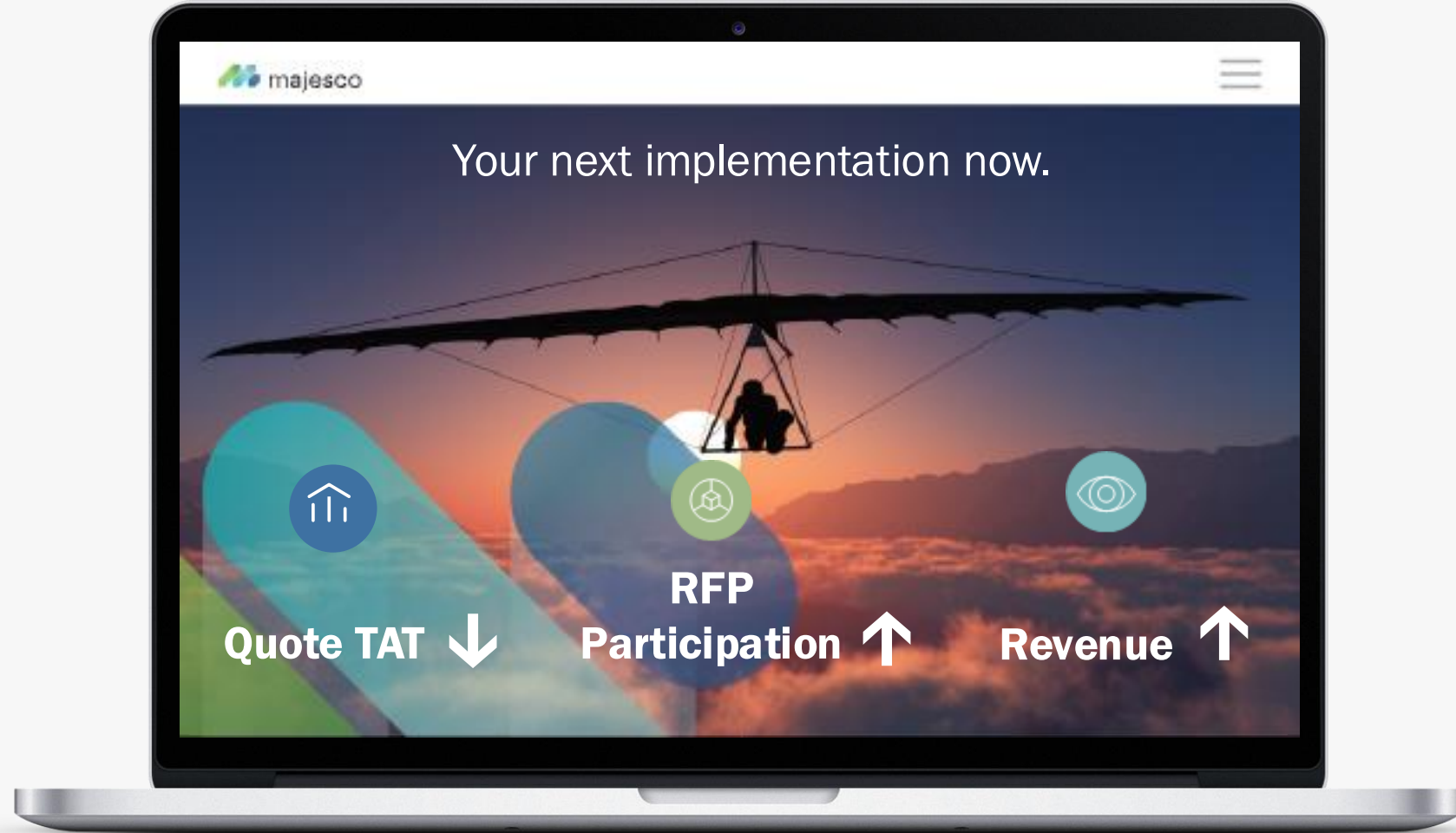
- Faster quote turnaround

Capabilities

- More RFP participation = more opportunities for sales

Business Value Add

- More written premium without proportional headcount growth



More quotes out the door. Less spreadsheet drag.

Modernize underwriting with cloud-native workflows, better visibility & scalable path to speed & growth.



Business Challenge

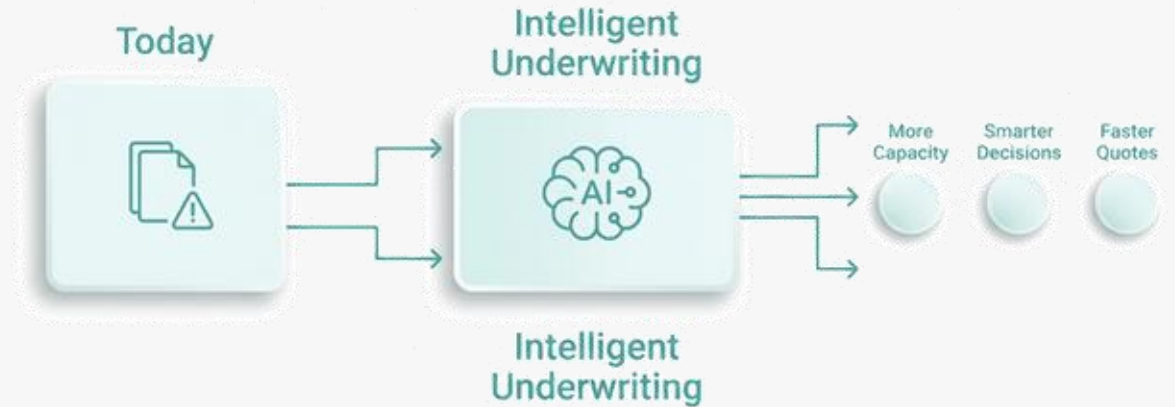
- Underwriting teams must handle more RFPs with the same or shrinking staff while supporting increasingly complex benefit structures.
- Manual, spreadsheet-based rating and re-keying from RFPs across siloed tools slows turnaround time, increases errors, and caps growth.
- Hard to deliver near-real-time, consistent, and auditable decisions with clear visibility across products, markets, and the full lifecycle from new business through renewals.

Capabilities

- **Cloud-native, AI-enabled platform for end-to-end underwriting.**
- **Lifecycle orchestration** – Standardized workflows and rating from new business to renewals and quotes, with consistent, auditable processes.
- **Real-time visibility** – Dashboards and pipeline views for underwriters and managers.
- **Cloud-native & flexible deployment** – Standalone or integrated with L&AH Core, with predictable upgrades.
- **Excel-based rating in-platform** – Keep familiar workbooks while anchoring calculations inside the platform.
- **Modern yet familiar UX** – Streamlined LOB views, configurable UI by lifecycle stage, and intuitive rating views to simplify navigation and understanding.

Business Value Add

- **Decrease TAT and grow RFP capacity** so teams can handle more opportunities without increasing headcount.
- **Increase RFP participation and revenue** through faster, more accurate quotes.
- Improve decision quality and compliance with consistent, auditable underwriting and real-time oversight.
- **Boost underwriter productivity and satisfaction** with a familiar but modern experience that reduces clicks, context switching, and training time.
- **Long-term growth** and complexity with a scalable, cloud-native underwriting platform.





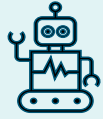
MAJESCO CLAIMVANTAGE ENTERPRISE

Powered by AI & Analytics



Redefine possible with ClaimVantage

Innovation that helps strengthen compliance, and deliver faster, more connected absence and claims operations.



AI-Powered Answers Built-In

Use AI-driven compliance support and summarization to cut research time and deliver faster, more precise answers.



Studio That Makes Support Simpler

Speed troubleshooting and ticket resolution with easier log capture and a cleaner, more intuitive experience that saves time and reduces confusion.



PFML Compliance Without the Manual Burden

Handle complex multi-state rules and evolving edge cases with greater speed and less compliance risk helping customers adapt faster to evolving regulations.



More Connected Absence & Claims Ops

Reduce clean-up, automate key processes, and integrate more easily into customer ecosystems.



Why It Matters

These enhancements help carriers reduce administrative burden, improve compliance confidence, and create a faster, more connected experience across absence and claims operations.

Less Research. Faster Answers. More Confident Decisions.

AI-powered compliance and insight, built for what's next.



Business Challenge

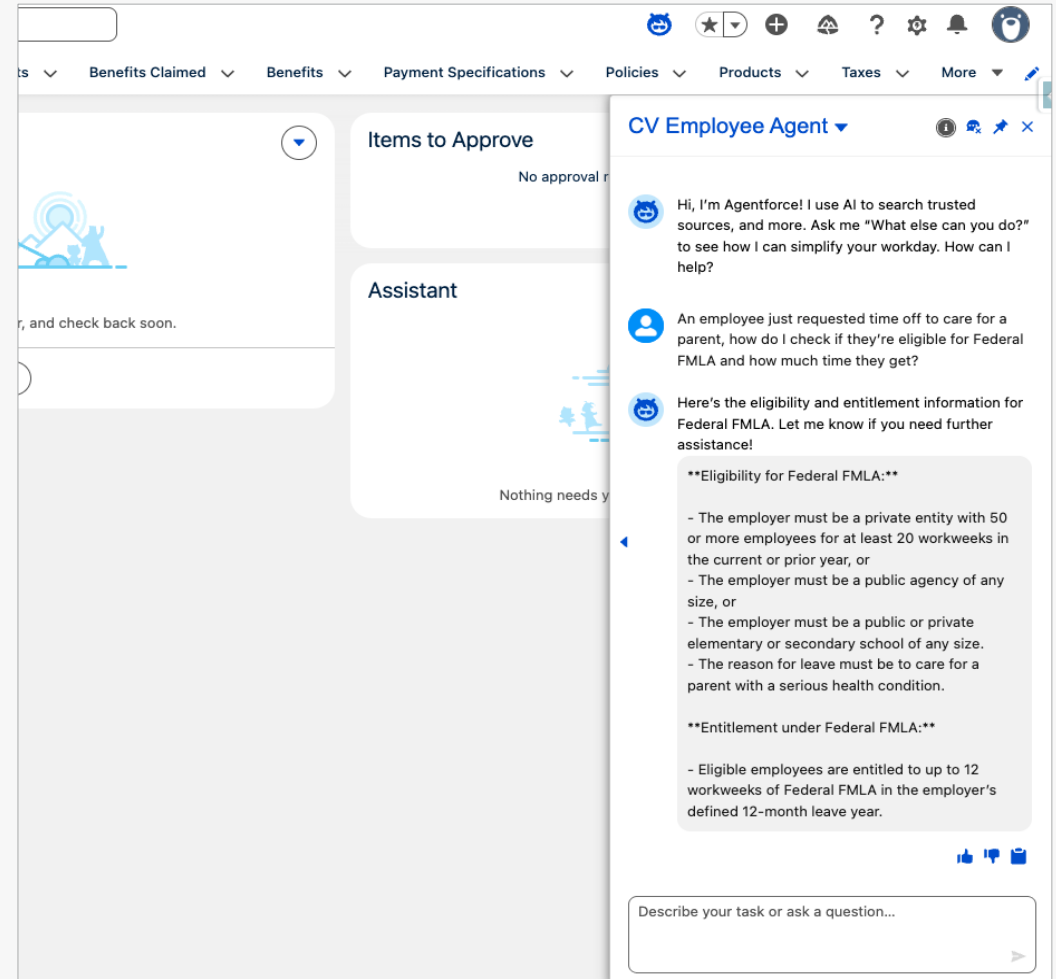
- Specialists spend too much time manually researching complex, changing regulations and compiling answers to customer queries, with no unified AI framework to reuse insights or scale new use cases across ClaimVantage.

Capabilities

- **Compliance Agent (coming in Spring Update 1)** – Replacing the Absence Leave Help (ALH), this will provide an interactive agent for compliance questions and research, enabling users to receive much faster, more concise and focused regulatory information.
- **Expanded Summarization Use Cases** – Expanding on initial claim query use cases, provides more robust and situation-specific AI query functionality.
- **Foundational Packaging** – Establishing the core package for our AI market product offering, which will enable our beta phase with design partner customers.

Business Value Add

- Significantly **reduces time** specialists spend researching and compiling information to respond to customer queries.
- **Establishes CV's initial AI market product offering** and lays the foundation for continuous AI feature and use case releases.





Troubleshoot Faster. Configure with Less Friction.

Simplify incident support and navigation so customers can move from problem to resolution with less confusion and less delay.

Business Challenge

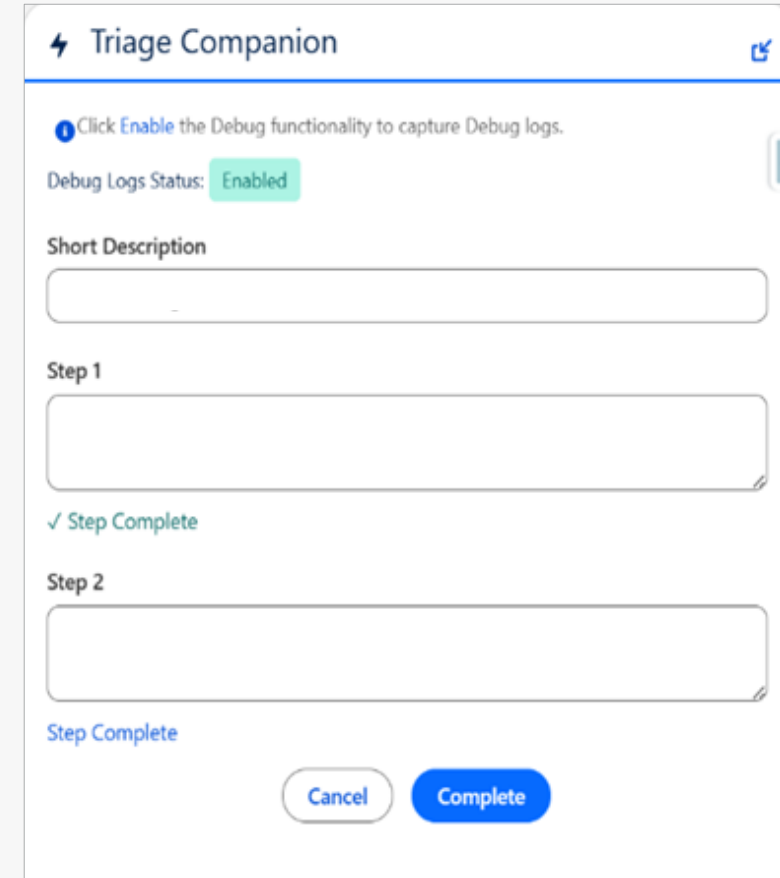
- Troubleshooting and configuration in CV Studio are slowed by a cumbersome debug log process and confusing navigation, making it hard for customers to capture the right system details, submit effective tickets, and get fast resolutions.

Capabilities

- **Triage Recorder Component**
 - Ability to easily turn debug log on/off to capture system details for support troubleshooting, which eliminates the need to submit a SF ticket to do so.
 - Allows simple upload of captured debug log to SF ticket, which provides timely input to CV Support analysis and facilitates a quicker ticket turnaround for customers.
- **UX Enhancements** – UI/UX updates to improve user experience and provide easier, more intuitive configuration navigation for CV.

Business Value Add

- Provides **new functionality that simplifies customer process** for providing debug logs when submitting an incident, which is a cumbersome process today.
- **Expedites ticket analysis and resolution** through quicker path to completed analysis.
- **Improved and more intuitive user navigation**, saving time and avoiding confusion.



The screenshot shows a 'Triage Companion' interface with the following elements:

- Header:** 'Triage Companion' with a lightning bolt icon and a share icon.
- Instruction:** 'Click Enable the Debug functionality to capture Debug logs.'
- Status:** 'Debug Logs Status: Enabled' with a green toggle switch.
- Form Fields:**
 - 'Short Description' text input field.
 - 'Step 1' text input field.
 - 'Step 2' text input field.
- Feedback:** '✓ Step Complete' and 'Step Complete' labels.
- Buttons:** 'Cancel' and 'Complete' buttons at the bottom right.

Keep the Pace with Changing Leave Rules. Without Manual Workarounds.

Stay ahead of evolving PFML rules, state by state.

Business Challenge

- Keeping pace with fast-changing, multi-state PFML rules and complex scenarios (non-standard plans, shared entitlements, multi-year claims) still requires heavy manual calculation and workarounds, driving compliance risk, rework, and inconsistent claimant experiences.

Capabilities

- **ME PFML:** Supports non-standard private plans, decrements prior FMLA time, and auto-manages benefits and waiting periods across benefit years.
- **DE PFML:** Manages combined entitlements across specs and updates AWW calculations.
- **MN PFML:** Honors minimum time rules and calculates prorated benefits per updated regulations.
- **CO PFML:** Adds Neonatal Intensive Care Unit leave support.
- **State PFML:** Applies 2026 AWW calculation updates across supported states.

Business Value Add

- Automates complex, changing PFML rules to reduce compliance risk and manual rework.
- Keeps customers agile with configurable support for new plans, leave types, and state updates.



Majesco ClaimVant... Claims ▾ Claim Intakes ▾ Organizations ▾

Q Search

Effective Date	Amount
Provider Certificate Pfl Form Configuration	
Uses PFL Form Amount Fields	<input checked="" type="checkbox"/>
Display PFL Form Avg Weekly Wage Amount	<input checked="" type="checkbox"/>
Display PFL Form Avg Days Per Week Field	<input type="checkbox"/>
Use PFL Form Avg Hours Per Week Field	<input type="checkbox"/>
Uses PFL Form Weekly Earnings Fields	<input type="checkbox"/>
Displays PFL Complete Calendar Quarters	<input type="checkbox"/>
Number of Quarters On Pfl Form	
Utilize Deduct Status	<input type="checkbox"/>
Eligibility Run At Physician Statement	<input type="checkbox"/>
Eligibility Run At Claim Intake	<input type="checkbox"/>
Determination of Previous Two Quarters	<input type="checkbox"/>
Display PFL Form Prior Weeks Taken	<input type="checkbox"/>
Restrict Bonding On Pregnancy Claim	
Restrict Bonding On Pregnancy Claim	<input checked="" type="checkbox"/>

PFL Details

In order to approve Paid Family Leave benefits, you must have also received the PFL 1 Form. Did you receive the PFL 1 form?

Do you want this cert to apply to the other Federal and State leaves?

Is the employer requesting reimbursement?

What is the employee's average weekly wage?

FMLA weeks used (in last 12 months)

Smooth the Process. Cut the Clean-Up.

Fix date, configuration, and payment friction so absence and claims teams can work more cleanly inside the customer ecosystem.



Business Challenge

- Absence and claims processing is slowed by rigid configurations, date-handling issues, and manual, duplicative data entry, making it hard to deliver a smooth user experience or integrate ClaimVantage cleanly into customers' broader payment ecosystems.

Capabilities

- **Minimum Time Configuration** - Ability to honor minimum amount of time configuration in absence specifications (broader than MN PFML).
- **Dual Intermittent Parameters** – Addresses issue of dates disappearing when dual parameters/date ranges are present.
- **Auto-populate Hospitalization Date** – Ability to auto-populate hospitalization dates from Claim to Journal and Benefit Claim to eliminate duplicative date entry.
- **Payments API Exposure** – Exposed payments APIs that enable customers to integrate separate payment systems with CV and still be able to automatically generate payments.

Business Value Add

- **Addresses issues of poor user experience** and eliminates the need for manual adjustments and/or duplicative data entry.
- **Provides a more flexible framework** that allows ClaimVantage to integrate within customers' ecosystem.

The screenshot shows the Majesco ClaimVantage software interface. The main heading is "Oregon Paid Family and Medical". Below it, there is a section titled "Dates (7)" with a sub-header "7 items • Sorted by End date • Updated a few seconds ago". The table below lists 7 items with columns for Name, Start day, Start date, End day, End date, Duration, Status, Reason, and Benefit Am... (Benefit Amount).

	Name	Start day	Start date	End day	End date	Duration	Status	Reason	Benefit Am...
1	D-000215	Mon	7/7/2025	Fri	8/1/2025	once every week for ...	Denied	Treatment	
2	D-000216	Mon	7/7/2025	Fri	8/1/2025	twice every month f...	Approved	Incapacity	
3	D-000239	Fri	7/25/2025	Fri	7/25/2025	0.20 week	Exceeds frequency and dur...	Treatment	
4	D-000238	Thu	7/24/2025	Thu	7/24/2025	0.20 week	Approved	Incapacity	\$276.72
5	D-000237	Wed	7/23/2025	Wed	7/23/2025	0.20 week	Exceeds frequency and dur...	Treatment	
6	D-000236	Tue	7/22/2025	Tue	7/22/2025	0.20 week	Approved	Incapacity	\$276.72
7	D-000235	Mon	7/21/2025	Mon	7/21/2025	0.20 week	Denied	Treatment	\$276.72



For questions, please contact
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