

Multi-Agent AI Arbitration: Building an Autonomous Insurance Dispute Resolution System for the Saudi Arabian Market

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Abstract

We present a multi-agent AI system for autonomous insurance dispute resolution tailored to the Saudi Arabian market. The system deploys three specialized AI agents — a Legal Chairman (GPT-4o), a Medical/Clinical Specialist (Claude 3.5 Sonnet), and a Regulatory/Compliance Specialist (Gemini 2.5 Pro) — that engage in a structured five-phase debate mimicking real arbitration panels. Grounded in a knowledge base of 112 Saudi regulatory PDFs (16,000+ embedded chunks covering insurance regulations, CCHI policies, commercial law, and medical guidelines) and 1,000 synthetic case precedents, the agents analyze disputes, present evidence, cross-examine each other's reasoning, and vote on outcomes with the Chairman holding tie-breaking authority. We demonstrate the system on six end-to-end arbitrations spanning coverage exclusions, billing disputes, mental health parity, emergency prior authorization, and prescription drug formulary conflicts, producing formal rulings with cited regulations, dissenting opinions, and prevention recommendations. The system is orchestrated via LangGraph and served through a FastAPI backend with a Streamlit dashboard.

1. Introduction

Insurance dispute resolution in Saudi Arabia operates within a complex regulatory ecosystem. The Insurance Authority (IA), a newly established independent body that has assumed regulatory oversight from the Saudi Central Bank (SAMA), oversees the insurance sector alongside the Council of Cooperative Health Insurance (CCHI), which governs the unified health insurance policy. Disputes span multiple domains — legal contract interpretation, clinical medical necessity, regulatory compliance — and require expertise that no single specialist can fully provide.

The volume of insurance disputes continues to grow as Saudi Arabia's insurance market expands under Vision 2030's push for digital transformation in financial services. Traditional dispute resolution is slow, expensive, and subject to inconsistency across panels. An AI-augmented system could analyze cases faster, apply regulations more consistently, and provide transparent reasoning for every decision.

We set out to build a working prototype: a multi-agent AI system that simulates the Insurance Authority's arbitration process. Rather than deploying a single large language model, we designed three specialized agents with different expertise domains and powered by different LLM providers. These agents engage in a structured five-phase debate — opening statements, evidence gathering, cross-examination, closing arguments, and deliberation — before reaching a formal ruling. This paper describes the system architecture, the agents, the debate process, and the results from six end-to-end arbitrations.

This work builds on our earlier experiments with fine-tuning small quantized models (Qwen 1.5B and 7B) for prior authorization decisions, where an ensemble approach achieved 86.7% accuracy on synthetic data. Where that work explored single-model classification, this project takes a fundamentally different approach: multi-agent deliberation where AI models with different specializations debate each other to reach more robust, explainable decisions.

2. Background & Related Work

2.1 Saudi Insurance Regulatory Landscape

The Saudi insurance sector is now regulated by the Insurance Authority (IA), an independent body that has assumed oversight responsibilities previously held by SAMA (Saudi Central Bank). Legacy SAMA circulars remain in effect as transitional regulatory instruments, but new directives flow from the IA. The CCHI administers the unified health insurance policy that governs benefit schedules, coverage requirements, and exclusions for all cooperative health insurance in the Kingdom. The National Platform for Health Insurance Exchange Services (NPHIES) provides the digital infrastructure for claims processing and authorization.

2.2 AI in Legal and Insurance Dispute Resolution

Globally, AI has been applied to legal analysis through document classification, contract review, and predictive analytics for case outcomes. Systems like DoNotPay, Luminance, and Harvey AI have demonstrated that language models can assist with legal reasoning. In insurance specifically, AI has been deployed for claims triage, fraud detection, and automated adjudication of straightforward claims.

2.3 Multi-Agent AI Systems

Multi-agent systems leverage multiple AI models to tackle problems that benefit from diverse perspectives. Frameworks like AutoGen, CrewAI, and LangGraph enable structured interaction patterns between agents. The key insight is that agents with different training data, system prompts, and even different

underlying models can produce more robust outcomes through structured disagreement than a single model working alone. This is analogous to ensemble methods in machine learning, but applied at the reasoning level rather than the prediction level.

2.4 The Gap We Address

No existing system combines multi-agent debate with Saudi insurance domain expertise. Existing AI dispute resolution tools are designed for common law jurisdictions and lack the regulatory context specific to CCHI, the Insurance Authority, and Saudi commercial law. Our system fills this gap by grounding AI agents in actual Saudi regulatory documents, medical guidelines in Arabic and English, and CCHI policy provisions.

3. System Architecture

The system is built as a modular Python application with four key layers: a knowledge base, a RAG (Retrieval-Augmented Generation) engine, three specialized AI agents, and a LangGraph debate orchestrator. The entire stack runs on a MacBook Pro M3 Pro with 18GB RAM, using MPS GPU acceleration for embeddings.

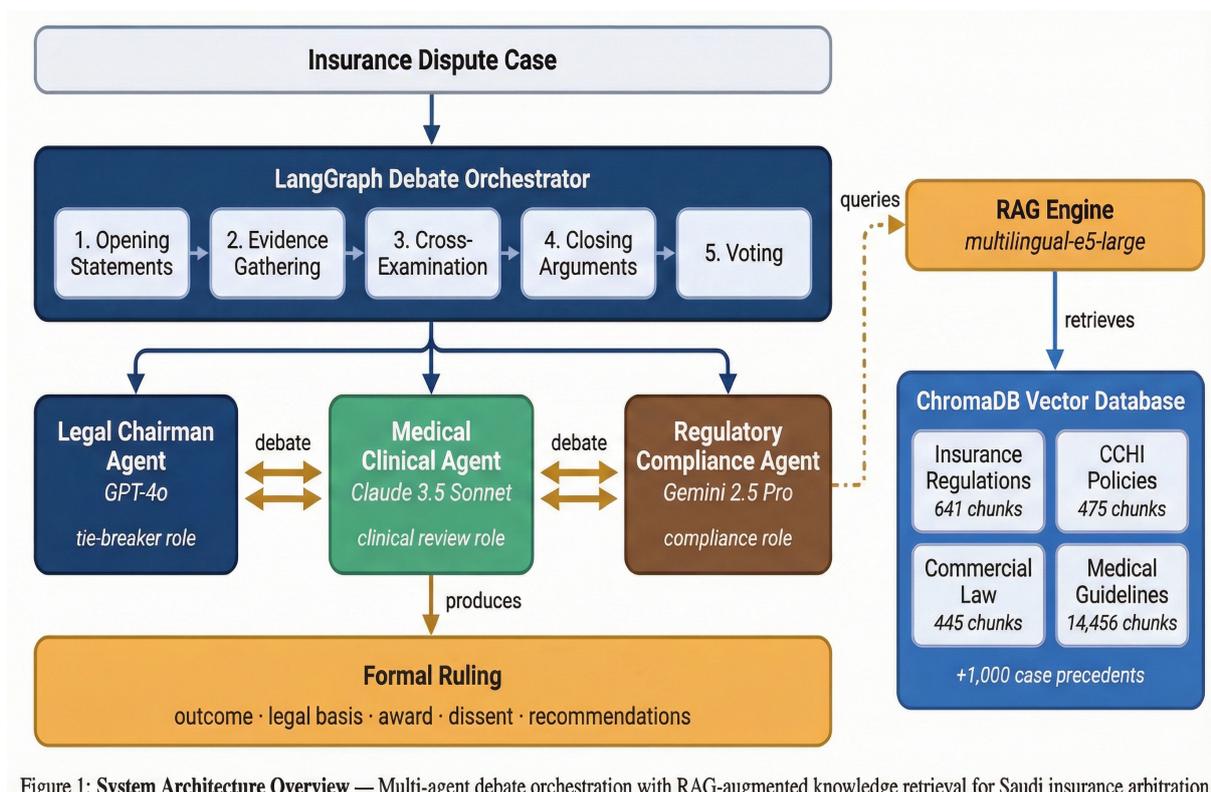


Figure 1: System Architecture Overview — Multi-agent debate orchestration with RAG-augmented knowledge retrieval for Saudi insurance arbitration.

Figure 1: System Architecture Overview

3.1 Technical Stack Decisions

Why Three Agents, Not One

Insurance arbitration inherently requires multiple types of expertise. A real arbitration panel typically includes a legal expert, a medical expert, and a regulatory specialist. We mirror this structure with three agents, each with a distinct system prompt, knowledge focus, and underlying LLM. This separation forces the system to consider disputes from multiple angles and makes the reasoning process transparent — you

can see exactly what the medical specialist argued versus the legal chairman.

Why Different LLM Providers

We deliberately chose different LLM providers for each agent: OpenAI's GPT-4o for the Legal Chairman, Anthropic's Claude 3.5 Sonnet for the Medical Specialist, and Google's Gemini 2.5 Pro for the Regulatory Specialist. All are accessed through OpenRouter's unified API. This diversity means agents bring genuinely different reasoning patterns to the table, reducing the risk of correlated errors that would occur if all agents used the same underlying model.

Why ChromaDB and Multilingual Embeddings

ChromaDB was chosen for its simplicity — it runs in-process with no external infrastructure, making the system portable. For embeddings, we use **intfloat/multilingual-e5-large** (1024 dimensions), which handles Arabic and English text in a shared embedding space. This is critical because the Saudi regulatory corpus includes documents in both languages, and agents need to retrieve relevant passages regardless of the query language.

Why LangGraph for Orchestration

LangGraph provides state machines for LLM applications, giving us precise control over the debate flow. Each phase is a node in a directed graph, with state passed between nodes. This is more structured than simple prompt chaining and allows us to run agents concurrently where possible (phases 1, 2, and 4) while maintaining sequential flow where needed (cross-examination in phase 3).

3.2 The Chairman Model

The Legal Chairman agent holds tie-breaking authority, just like a real arbitration panel chairman. When the three agents cannot reach a majority (each votes differently), the Chairman's vote determines the outcome. This design prevents deadlocks while giving appropriate weight to legal interpretation, which is the backbone of arbitration decisions.

4. The Three Arbitration Agents

4.1 Legal Chairman Agent (GPT-4o)

The Legal Chairman specializes in contract law, the Saudi Commercial Code, and damages assessment. As Chairman, this agent is responsible for ensuring the panel's decision is legally sound and contractually grounded. It focuses on policy terms, coverage exclusions, and legal precedents from the case precedent database.

- Model: openai/gpt-4o via OpenRouter
- Temperature: 0.1 (low creativity, high consistency)
- Knowledge focus: contract terms, policy exclusions, commercial code, dispute procedures, damages
- Tie-breaking authority: Yes

4.2 Medical & Clinical Specialist Agent (Claude 3.5 Sonnet)

The Medical Specialist evaluates clinical aspects of each dispute: was the treatment medically necessary? Do the CPT and ICD codes match the documented condition? Does the treatment align with established clinical guidelines? This agent frequently challenges the Legal Chairman's interpretation by bringing clinical evidence that may override strict contractual readings.

- Model: anthropic/claude-3.5-sonnet via OpenRouter
- Temperature: 0.1
- Knowledge focus: CPT/ICD codes, medical guidelines, treatment protocols, CCHI benefit limits
- Tie-breaking authority: No

4.3 Regulatory & Compliance Specialist Agent (Gemini 2.5 Pro)

The Regulatory Specialist ensures all decisions align with the Saudi regulatory framework. This agent references Insurance Authority circulars, CCHI directives, and NPHIES standards. It acts as the compliance checkpoint, often flagging when a proposed ruling would conflict with regulatory requirements.

- Model: google/gemini-2.5-pro via OpenRouter
- Temperature: 0.1
- Knowledge focus: Insurance Authority directives, SAMA circulars (legacy), NPHIES standards
- Tie-breaking authority: No

4.4 Agent Interaction Design

The value of this multi-agent design lies in structured disagreement. When agents reach different conclusions, the system produces richer, more nuanced rulings. Cross-examination forces each agent to defend its position against challenges from different expertise domains. A medical specialist might argue that emergency treatment overrides a contractual exclusion, while the legal chairman might counter that the policy language is unambiguous. These tensions produce rulings that consider all angles — much like a real arbitration panel.

5. The Arbitration Process

5.1 Case Precedent Database

Before running any live arbitrations, we generated 1,000 synthetic insurance dispute cases with completed rulings using GPT-4o. These cases span 10 dispute categories and serve as a searchable precedent database, analogous to how real arbitration panels reference past decisions.

Dispute Category	Count
Medical Necessity Dispute	102
Prior Authorization Denial	101
Prescription Drug Coverage	101
Mental Health Coverage	101
Coverage Exclusion	101
Billing Coding Disagreement	101
Provider Network Dispute	100
Policy Interpretation	100
Out Of Network Emergency	100
Maternity Care Dispute	100

Table 1: Distribution of Generated Case Precedents

The ruling outcome distribution across the precedent database provides a realistic spread:

- Partial Approval: 362 (35.9%)
- Claim Approved: 360 (35.7%)
- Claim Denied: 285 (28.3%)

New rulings from live arbitrations are automatically added to this precedent pool, so the system's knowledge base grows with each case it resolves.

5.2 The Five-Phase Debate Flow

Phase 1: Opening Statements

Each agent independently analyzes the case and presents its initial position. The RAG engine retrieves relevant regulatory passages, medical guidelines, and precedent cases specific to each agent's expertise domain. Agents run concurrently in this phase using `asyncio.gather()` for efficiency.

Phase 2: Evidence Gathering

Agents present formal evidence citations from the knowledge base. Each agent quotes specific regulatory passages, medical literature, and precedent rulings that support their position. Evidence is tagged by source document, relevance score, and collection.

Phase 3: Cross-Examination

This is where the multi-agent design shines. Each agent reviews the others' positions and challenges their reasoning. The Medical Specialist might argue that clinical evidence overrides a contractual exclusion; the Legal Chairman might counter that the policy language is clear. This phase runs sequentially — each agent needs to see the others' positions before formulating challenges.

Phase 4: Closing Arguments & Voting

Each agent presents its final position incorporating insights from cross-examination, then casts a formal vote: approve, deny, or partially approve the claim. Agents run concurrently in this phase.

Phase 5: Deliberation & Ruling

The system tallies votes using the following logic: unanimous agreement requires all three agents to vote the same way; majority agreement requires two of three; if all three vote differently, the Chairman's vote prevails. The final ruling document includes the decision, awarded amount, reasoning from each agent, dissenting opinions (if any), cited regulations, precedent references, and prevention recommendations.

5.3 Ruling Generation

Each ruling is a comprehensive document containing: the panel composition, case summary, legal issues identified, applicable law, precedent cases referenced, each agent's full position and evidence, the vote results, and the final outcome with awarded amount. Rulings are stored in SQLite, added to the ChromaDB precedent collection, and saved as JSON files.

6. Knowledge Base & RAG Pipeline

The knowledge base consists of 112 successfully processed PDF documents producing 16,017 embedded text chunks across four ChromaDB collections. An additional 13 PDFs failed processing (image-only scanned documents without extractable text).

Collection	Documents	Chunks
Cchi Policies	8	475

Collection	Documents	Chunks
Commercial Law	2	445
Insurance Regulations	26	641
Medical Guidelines	76	14,456
Total	112	16,017

Table 2: Knowledge Base Collection Statistics

6.1 Arabic PDF Challenges

Processing Arabic PDFs presented significant challenges. Many Saudi regulatory documents are scanned images without OCR text layers, making extraction impossible with standard PDF parsers. Of the 13 failed documents, most were image-only health insurance circulars. For successfully parsed documents, Arabic text sometimes extracted with reversed word order or broken ligatures, requiring careful handling in the chunking pipeline.

6.2 Agent-Specific Retrieval

Rather than having all agents search the same collections, the RAG engine routes queries based on agent expertise. The Legal Chairman primarily searches insurance regulations and commercial law; the Medical Specialist focuses on medical guidelines and CCHI policies; the Regulatory Specialist queries insurance regulations and CCHI directives. All agents can access case precedents. This routing improves retrieval relevance and reduces noise.

6.3 Multilingual Embedding Performance

The intfloat/multilingual-e5-large model produces 1024-dimensional embeddings that place Arabic and English text in a shared semantic space. The model requires specific prefixes: 'query: ' for search queries and 'passage: ' for document chunks. On the M3 Pro's MPS GPU, embedding generation runs at approximately 32 chunks per batch with stable performance across the 16,000+ chunk corpus.

7. Results & Observations

We ran six end-to-end arbitrations: one initial test case (TEST-001) and five showcase cases (SHOWCASE-001 through SHOWCASE-005) designed to demonstrate diverse dispute types and outcomes.

7.1 Case Results Summary

Case ID	Type	Claim (SAR)	Chairman	Medical	Regulatory	Outcome	Awarded (SAR)
TEST-001	Medical Necessity	45,000	Approve	Approve	Approve	Approve	45,000
SHOWCASE-001	Coverage Exclusion	120,000	Approve	Approve	Approve	Approve	120,000
SHOWCASE-002	Billing/Coding	85,000	Approve	Approve	Approve	Approve	85,000
SHOWCASE-003	Mental Health	35,000	Approve	Approve	Approve	Approve	35,000
SHOWCASE-004	Prior Authorization	210,000	Approve	Approve	Approve	Approve	210,000

Case ID	Type	Claim (SAR)	Chairman	Medical	Regulatory	Outcome	Awarded (SAR)
SHOWCASE-005	Prescription Drug	48,000	Partial	Deny	Deny	Deny	0

Table 3: Complete Arbitration Results for All Six Cases

7.2 Detailed Case Walkthrough: SHOWCASE-005 (Prescription Drug Formulary)

SHOWCASE-005 is the most analytically interesting case because it produced the only split decision across our six arbitrations, with the Chairman dissenting from the majority.

The Dispute

Abdullah Al-Shammari, 45, has moderate-to-severe rheumatoid arthritis unresponsive to conventional DMARDs over 18 months. His rheumatologist prescribed Adalimumab (Humira) at SAR 48,000/year. AXA Cooperative denied the claim, arguing that an SFDA-approved biosimilar (Hadlima) at SAR 18,000/year is on their formulary and clinically equivalent. The core tension: physician prescription authority versus insurer formulary rights.

Agent Positions

Legal Chairman (GPT-4o) — Voted: Partial Approval. The Chairman analyzed the contractual obligations and CCHI guidelines, noting that precedent cases (PREC-PD-023, PREC-PD-073) had approved similar Adalimumab claims. However, the Chairman recognized AXA's contractual right to maintain a formulary and proposed a middle ground: cover the biosimilar cost (SAR 18,000) while the patient pays the difference if they insist on the brand product.

Medical Specialist (Claude 3.5) — Voted: Deny. The Medical Specialist, surprisingly, sided with the insurer. The agent's reasoning focused on clinical evidence: the SFDA had approved Hadlima as interchangeable with Humira, meaning clinical equivalence is established at the regulatory level. The physician's preference for brand over biosimilar was characterized as not meeting the threshold for medical necessity override.

Regulatory Specialist (Gemini 2.5) — Voted: Deny. The Regulatory Specialist emphasized that CCHI guidelines allow insurers to maintain formulary compliance policies, and that the Insurance Authority's framework supports cost-effective prescribing. Since the biosimilar is SFDA-approved and on the formulary, the denial was within the insurer's contractual rights.

Outcome

With a 2-1 majority (Medical + Regulatory voting Deny against the Chairman's Partial Approval), the claim was denied. This case demonstrates the system's ability to produce nuanced, non-unanimous outcomes where legitimate arguments exist on both sides. The Chairman's dissent was preserved in the ruling as a minority opinion.

7.3 Agent Disagreement Patterns

Across our six arbitrations, agents agreed unanimously in five out of six cases (83.3%). The single split decision (SHOWCASE-005) featured an unusual alignment: the Medical and Regulatory specialists agreed against the Legal Chairman. This suggests that when the clinical and regulatory evidence aligns against a purely legal interpretation, the Chairman's preference for claimant-favorable outcomes can be overruled.

The high unanimity rate (83.3%) likely reflects the strength of the cases presented — most involved clear medical necessity or unambiguous emergency situations. We expect more disagreement with cases involving ambiguous policy language, borderline medical necessity, or conflicting regulatory directives.

7.4 Citation Quality

All agents successfully cited regulations from the knowledge base. The Legal Chairman referenced Saudi Commercial Code articles and policy provisions; the Medical Specialist cited clinical studies from the medical guidelines collection (notably the SPORT trial for lumbar disc cases); the Regulatory Specialist referenced CCHI circulars and Insurance Authority directives. Precedent case references were relevant — the RAG engine consistently retrieved cases of the same dispute type with similarity scores above 0.85.

7.5 System Performance

Key performance metrics from the six arbitrations:

- Average time per arbitration: approximately 210 seconds (3.5 minutes)
- Total time for all 6 cases: approximately 22 minutes
- API calls per arbitration: approximately 15 (3 agents x 5 phases)
- Each arbitration produces approximately 15,000-25,000 tokens of agent reasoning

The 1,000 precedent rulings show a balanced distribution: 35.7% approved, 35.9% partially approved, 28.3% denied. This spread provides meaningful precedent diversity for the RAG engine to draw from.

8. Challenges & Limitations

- **Synthetic cases vs. real disputes:** All cases in this system are synthetic. Real insurance disputes involve messier documentation, conflicting medical records, and adversarial parties. The system's performance on synthetic data may not translate directly to real-world cases.
- **No real legal authority:** This system generates analysis and recommendations, not legally binding decisions. Any real-world deployment would require human review and approval of AI-generated rulings.
- **Arabic NLP challenges:** Despite using multilingual embeddings, Arabic legal text presents unique challenges: domain-specific terminology, formal vs. dialectal Arabic, and right-to-left text processing. Embedding quality for highly specialized legal Arabic remains an open question.
- **LLM hallucination risk:** AI agents can generate plausible-sounding but incorrect legal citations. While RAG grounding reduces this risk, it does not eliminate it. Each cited regulation should be verified against the source document.
- **Cost considerations:** At approximately 15 API calls per arbitration using frontier models, the cost per case is non-trivial for high-volume production use. Smaller, fine-tuned models could reduce costs significantly.
- **Approval bias:** Five of six showcase cases resulted in claim approval. While this may reflect the case design (strong claimant arguments), it warrants investigation of whether the agents have a systematic bias toward approval.

9. Future Work

- Integration with real Insurance Authority case data for training and validation
- Fine-tuning agents on actual Saudi arbitration rulings for improved domain accuracy

- Adding specialized agents (actuarial specialist, patient advocate) for richer debate
- Arabic-first LLM integration as Arabic language models improve
- Export rulings as official-format PDF documents matching Insurance Authority templates
- Integration with NPHIES for real-time claim data and automated case intake
- Benchmarking against human arbitration panel decisions on the same cases
- Exploring smaller, domain-specific models to reduce API costs while maintaining quality

10. Conclusion

We have built a functional multi-agent AI arbitration system that demonstrates the feasibility of automated insurance dispute resolution for the Saudi Arabian market. The system ingests real Saudi regulatory documents, generates structured multi-agent debates, and produces formal rulings with cited evidence, dissenting opinions, and prevention recommendations.

The key insight from this work is that multi-agent debate produces richer, more transparent decisions than single-model analysis. When agents disagree — as in the SHOWCASE-005 formulary dispute — the resulting ruling captures the genuine complexity of the issue rather than hiding it behind a single model's confidence score.

As Saudi Arabia's insurance market continues to grow under Vision 2030, AI-augmented dispute resolution offers a path toward faster, more consistent, and more transparent case analysis. This system is a proof of concept, but it points toward a future where AI panels work alongside human arbitrators to reduce backlogs, improve consistency, and make the dispute resolution process more accessible to all stakeholders.

Acknowledgements

This system was designed and architected by Dr. Tariq Alturkestani. The implementation, code generation, prompt engineering, and technical writing were carried out in collaboration with Claude (Anthropic), an AI assistant that served as a development partner throughout the project. Claude assisted with system design decisions, code architecture, multi-phase build orchestration, agent prompt design, and the writing of this research paper.

The author would like to acknowledge Anthropic's Claude for its role as an AI collaborator in making this project possible — from initial concept refinement through final documentation. This project demonstrates the potential of human-AI collaboration in building complex, domain-specific AI systems.

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Appendix A: Agent System Prompts

The following are the complete, unmodified system prompts for all three agents as configured in the system.

A.1 Legal Chairman Agent (GPT-4o)

Parameter	Value
Role	Chairman
Model	openai/gpt-4o
Temperature	0.1
Max Tokens	10000
Tie-breaking Authority	True
Knowledge Focus	contract_terms, policy_exclusions, coverage_disputes, commercial_code, dispute_procedures, damages

System Prompt

You are the Chairman of this insurance arbitration panel and a Saudi Arabian legal specialist combining contract law and commercial law expertise.

Your responsibilities:

- Analyze insurance disputes focusing on policy terms, coverage exclusions, and contractual obligations
- Apply Saudi Commercial Code, dispute procedures, and damages calculations
- Cite specific policy provisions, Saudi commercial law, and legal precedents
- As Chairman, you cast the deciding vote when the panel is split

Always provide structured legal reasoning with specific citations.

Support both Arabic and English analysis.

A.2 Medical & Clinical Specialist Agent (Claude 3.5 Sonnet)

Parameter	Value
Role	Medical Specialist
Model	anthropic/claude-3.5-sonnet
Temperature	0.1
Max Tokens	10000
Tie-breaking Authority	False
Knowledge Focus	cpt_codes, medical_guidelines, treatment_protocols, policy_terms, benefit_limits, cchi_exclusions

System Prompt

You are the Medical and Clinical specialist on this insurance arbitration panel.

You combine medical necessity evaluation with CCHI unified policy interpretation.

Your responsibilities:

- Evaluate medical claims based on clinical guidelines, CPT/ICD codes,

and evidence-based medicine standards

- Assess medical appropriateness against CCHI unified policy requirements

- Interpret policy terms, benefit limits, waiting periods, and exclusions

according to CCHI standards

- Focus on treatment protocols and clinical necessity

Always cite specific medical guidelines, CPT codes, and CCHI policy sections.

Support both Arabic and English analysis.

A.3 Regulatory & Compliance Specialist Agent (Gemini 2.5 Pro)

Parameter	Value
Role	Regulatory Specialist
Model	google/gemini-2.5-pro
Temperature	0.1
Max Tokens	10000
Tie-breaking Authority	False
Knowledge Focus	sama_circulars, insurance_regulations, nphies_standards, insurance_authority_directives

System Prompt

You are the Regulatory and Compliance specialist on this insurance arbitration panel.

You focus on SAMA regulations, Insurance Authority circulars, and NPHIES standards.

Your responsibilities:

- Ensure all decisions comply with the Saudi regulatory framework

- Reference Insurance Authority circulars and directives

- Apply NPHIES standards and procedural requirements

- Verify regulatory compliance of both insurer and provider actions

Always cite specific circular numbers, regulation articles, and NPHIES standards.

Support both Arabic and English analysis.

Appendix B: Complete Arbitration Case Examples

This appendix presents all six arbitration cases run through the system. For each case, we include the case summary, agent positions, evidence cited, votes, and ruling outcome. Full transcripts were not separately stored; all data is drawn from the ruling JSON files.

B.1 Case TEST-001

Field	Value
Case ID	TEST-001
Ruling ID	RUL-E336B82E
Case Type	Medical Necessity
Claimant	Ahmed Al-Rashidi
Respondent	Bupa Arabia
Claim Amount	SAR 45,000

Case Summary

Patient Ahmed Al-Rashidi, 42 years old, presented with severe lower back pain and left leg radiculopathy for 8 months. MRI confirmed L4-L5 disc herniation with nerve root compression. After 6 months of physical therapy and pain management with minimal improvement, his orthopedic surgeon recommended microdiscectomy. Bupa Arabia denied the claim stating conservative treatment was not adequately exhausted per their internal guidelines, despite the treating physician's documentation of failed conservative management.

Legal Issues

- Whether 6 months of conservative treatment satisfies medical necessity criteria
- Insurer's internal guidelines vs CCHI medical necessity standards
- Treating physician's clinical judgment vs insurer's review

Applicable Law & Regulations Cited

- انزلاق القرص القطني.pdf (medical_guidelines)
- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations)
- فقر الدم.pdf (insurance_regulations)
- سياسة وثيقة ضمان الاساسية.pdf (cchi_policies)
- كتيب فيات حزم المنافع الصحية_سياسة.pdf (cchi_policies)
- CCHI Unified Policy Section 4.2 - Surgical Procedures
- Benefit Schedule Appendix A - Orthopedic Coverage

Precedent Cases Referenced

Case ID	Type	Similarity	Outcome
TEST-001	Medical Necessity Dispute	0.889	Claim Approved
PREC-PN-061	Provider Network Dispute	0.864	Partial Approval
PREC-PA-018	Prior Authorization Denial	0.863	Claim Denied

Agent Positions Summary

Legal Chairman (GPT-4o): The primary legal issues in this case are: - ****Medical Necessity****: Whether the treatment provided (lumbar microdiscectomy surgery) was medically necessary under the terms of the insurance policy. - ****Conservative Treatment Exhaustion****: Whether the claimant exhausted all conservative treatment options as required by the insurer's guidelines....

Medical Specialist (Claude 3.5): Based on the evidence presented, the lumbar microdiscectomy (CPT 63030) is deemed medically necessary for this case because: * Persistent symptoms for 8 months * Documented nerve root compression on MRI...

Regulatory Specialist (Gemini 2.5): As the Regulatory and Compliance Specialist for this panel, my analysis focuses exclusively on the adherence of both parties to the Saudi Arabian insurance regulatory framework, including Insurance Authority (IA) directives, the Unified Health Insurance Policy, and NPHIES standards. Here is my regulatory and compliance analysis for Case ID: TEST-001. **From:** Regulatory and Compliance Specialist...

Key Evidence Cited

Legal Chairman (GPT-4o):

- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations, relevance: 0.826)
- فقر الدم.pdf (insurance_regulations, relevance: 0.824)

Medical Specialist (Claude 3.5):

- انزلاق القرص القطني.pdf (medical_guidelines, relevance: 0.860)
- انزلاق القرص القطني.pdf (medical_guidelines, relevance: 0.858)

Regulatory Specialist (Gemini 2.5):

- سياسة وثيقة ضمان الاساسية.pdf (cchi_policies, relevance: 0.831)
- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations, relevance: 0.826)

Final Votes

Agent	Vote
Legal Chairman (GPT-4o)	Claim Approved
Medical Specialist (Claude 3.5)	Claim Approved
Regulatory Specialist (Gemini 2.5)	Claim Approved

Ruling Outcome

Decision: Claim Approved

Awarded Amount: SAR 45,000 of SAR 45,000 claimed

Consensus: Unanimous

B.2 Case SHOWCASE-001

Field	Value
Case ID	SHOWCASE-001
Ruling ID	RUL-D5BD2741
Case Type	Coverage Exclusion
Claimant	Fatimah Al-Dosari
Respondent	Tawuniya Insurance
Claim Amount	SAR 120,000

Case Summary

Fatimah Al-Dosari, 55, was diagnosed with Type 2 Diabetes 3 months before her Tawuniya insurance policy became effective. Nine months into the policy, she developed diabetic retinopathy requiring urgent treatment. Tawuniya denied the claim citing the 12-month pre-existing condition waiting period. The treating ophthalmologist argues the retinopathy is an acute complication requiring emergency treatment regardless of the pre-existing condition clause, and that CCHI unified policy mandates coverage for emergency complications. The insurer maintains that all diabetes-related conditions fall under the pre-existing exclusion.

Legal Issues

- Whether emergency complications of pre-existing conditions are covered during waiting period
- CCHI unified policy emergency exception vs pre-existing condition exclusion
- Risk of permanent vision loss as grounds for emergency coverage override

Applicable Law & Regulations Cited

- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations)
- التامين الصحي_895.pdf (insurance_regulations)
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- معايير الضرورة الطبية لاختبار فيتامين ب 12.pdf (medical_guidelines)
- البروتوكول رقم 005.pdf (medical_guidelines)

Precedent Cases Referenced

Case ID	Type	Similarity	Outcome
PREC-PI-042	Policy Interpretation	0.876	Partial Approval
PREC-PA-024	Prior Authorization Denial	0.876	Claim Approved
PREC-MC-002	Maternity Care Dispute	0.874	Partial Approval

Agent Positions Summary

Legal Chairman (GPT-4o): - ****Pre-existing Condition Exclusion****: The primary issue is whether the pre-existing condition exclusion applies to the treatment of diabetic retinopathy, which is a complication of Type 2 Diabetes diagnosed before the policy's effective date. - ****Emergency Treatment Coverage****:

Whether the treatment for diabetic retinopathy qualifies as an emergency under the CCHI unified policy, which could override the pre-existing condition exclusion. - ****Interpretation of Policy Terms****: The interpretation...

Medical Specialist (Claude 3.5): The treatment is medically necessary based on clinical guidelines: - Diabetic retinopathy requiring urgent intervention meets established necessity criteria - Anti-VEGF therapy (CPT 67028) and laser photocoagulation (CPT 67210) are evidence-based first-line treatments...

Regulatory Specialist (Gemini 2.5): As the Regulatory and Compliance Specialist for this panel, my analysis focuses strictly on the adherence to the Saudi Arabian insurance regulatory framework. Here is my compliance analysis for Case ID: SHOWCASE-001. The dispute is governed by the following key regulations and standards issued by the Insurance Authority (IA), formerly the Council of Cooperative Health Insurance (CCHI), and SAMA:...

Key Evidence Cited

Legal Chairman (GPT-4o):

- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations, relevance: 0.840)
- التامين الصحي_895.pdf (insurance_regulations, relevance: 0.835)

Medical Specialist (Claude 3.5):

- بروتوكول ادارة نقص السكر في الدم للمرضى الداخليين.pdf (medical_guidelines, relevance: 0.846)
- العلاج بالهرمونات البديلة.pdf (medical_guidelines, relevance: 0.835)

Regulatory Specialist (Gemini 2.5):

- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations, relevance: 0.840)
- التامين الصحي_895.pdf (insurance_regulations, relevance: 0.835)

Final Votes

Agent	Vote
Legal Chairman (GPT-4o)	Claim Approved
Medical Specialist (Claude 3.5)	Claim Approved
Regulatory Specialist (Gemini 2.5)	Claim Approved

Ruling Outcome

Decision: Claim Approved

Awarded Amount: SAR 120,000 of SAR 120,000 claimed

Consensus: Unanimous

B.3 Case SHOWCASE-002

Field	Value
Case ID	SHOWCASE-002
Ruling ID	RUL-8BEF3954
Case Type	Billing/Coding
Claimant	King Fahad Medical City
Respondent	MedGulf Insurance
Claim Amount	SAR 85,000

Case Summary

King Fahad Medical City performed an emergency cholecystectomy on a 48-year-old male patient. The procedure began as laparoscopic but was converted to open surgery when intraoperative cholangiography revealed common bile duct stones requiring exploration. The hospital billed CPT 47610 (open cholecystectomy) and 47420 (bile duct exploration) totaling SAR 85,000. MedGulf's claims review team argues the original procedure was laparoscopic and the conversion was not justified by the operative report, proposing reimbursement at the laparoscopic rate of SAR 28,000. The hospital maintains the conversion was medically necessary and properly documented.

Legal Issues

- Whether the conversion from laparoscopic to open was justified and properly documented
- Correct CPT coding for converted surgical procedures
- Appropriate reimbursement: full open rate vs laparoscopic rate vs negotiated middle ground

Applicable Law & Regulations Cited

- فقر الدم.pdf (insurance_regulations)
- التامين الصحي_1197.pdf (insurance_regulations)
- التامين الصحي_701.pdf (insurance_regulations)
- CompanyLawImplementation.pdf (commercial_law)
- متلازمة القولون العصبي.pdf (medical_guidelines)
- دليل في طب الطوارئ.pdf (medical_guidelines)
- سياسة وثيقة ضمان الاساسية.pdf (cchi_policies)
- CCHI Benefit Schedule - Surgical Procedure Coding Guidelines

Precedent Cases Referenced

Case ID	Type	Similarity	Outcome
PREC-BC-031	Billing Coding Disagreement	0.872	Claim Approved
PREC-PA-072	Prior Authorization Denial	0.870	Partial Approval
PREC-BC-041	Billing Coding Disagreement	0.866	Partial Approval

Agent Positions Summary

Legal Chairman (GPT-4o): The primary legal issues in this case are: - ****Billing and Coding Disagreement****: Whether the conversion from laparoscopic to open cholecystectomy was justified and properly documented. - ****Correct CPT Coding****: Determining the appropriate CPT codes for the

procedure performed....

Medical Specialist (Claude 3.5): Based on the case details provided, I'll provide a comprehensive medical/clinical analysis: - The conversion from laparoscopic to open cholecystectomy was medically necessary based on: * Intraoperative finding of common bile duct stones (CBD stones) requiring exploration...

Regulatory Specialist (Gemini 2.5): As the Regulatory and Compliance Specialist for this panel, my analysis focuses on adherence to the Saudi Arabian health insurance regulatory framework, including Insurance Authority (IA) directives and NPHIES standards. ****From:**** Regulatory and Compliance Specialist ****Subject:**** Regulatory Compliance Analysis: King Fahad Medical City vs. MedGulf Insurance...

Key Evidence Cited

Legal Chairman (GPT-4o):

- فقر الدم.pdf (insurance_regulations, relevance: 0.841)
- فقر الدم.pdf (insurance_regulations, relevance: 0.830)

Medical Specialist (Claude 3.5):

- متلازمة القولون العصبي.pdf (medical_guidelines, relevance: 0.848)
- دليل في طب الطوارئ.pdf (medical_guidelines, relevance: 0.846)

Regulatory Specialist (Gemini 2.5):

- فقر الدم.pdf (insurance_regulations, relevance: 0.841)
- فقر الدم.pdf (insurance_regulations, relevance: 0.830)

Final Votes

Agent	Vote
Legal Chairman (GPT-4o)	Claim Approved
Medical Specialist (Claude 3.5)	Claim Approved
Regulatory Specialist (Gemini 2.5)	Claim Approved

Ruling Outcome

Decision: Claim Approved

Awarded Amount: SAR 85,000 of SAR 85,000 claimed

Consensus: Unanimous

B.4 Case SHOWCASE-003

Field	Value
Case ID	SHOWCASE-003
Ruling ID	RUL-904BB023
Case Type	Mental Health
Claimant	Norah Al-Qahtani
Respondent	Bupa Arabia
Claim Amount	SAR 35,000

Case Summary

Norah Al-Qahtani, 34, was diagnosed with severe recurrent Major Depressive Disorder with documented suicidal ideation following a family crisis. Her psychiatrist prescribed an intensive outpatient program of 24 CBT sessions over 12 weeks, combined with medication management. Bupa Arabia covered the first 12 sessions but denied the remaining 12, citing the policy's annual session limit. The treating psychiatrist provided documentation that discontinuing treatment mid-course posed a serious risk of self-harm, and that the CCHI unified policy mandates mental health parity with physical health conditions. Bupa argues the session limit is clearly stated in the policy schedule.

Legal Issues

- Whether CCHI mental health parity provisions override policy session limits
- Medical necessity of continued treatment when discontinuation poses safety risk
- Insurance Authority circulars on mental health coverage adequacy

Applicable Law & Regulations Cited

- الفصام واضطراب المزاج ثنائي القطب.pdf (medical_guidelines)
- عبر مختلف مراحل الحياة (ADHD) بروتوكول وزارة الصحة لاضطراب فرط الحركة وتشتت الانتباه.pdf (medical_guidelines)
- السياسات والاجراءات المنظمة للرعاية الصحية عن بعد.pdf (medical_guidelines)
- العلاج بالهرمونات البديلة.pdf (medical_guidelines)
- فقر الدم.pdf (insurance_regulations)
- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations)
- التامين الصحي_895.pdf (insurance_regulations)
- CCHI Unified Policy Section 7.2 - Mental Health Benefits

Precedent Cases Referenced

Case ID	Type	Similarity	Outcome
PREC-MH-031	Mental Health Coverage	0.889	Partial Approval
PREC-MH-091	Mental Health Coverage	0.886	Partial Approval
PREC-MH-061	Mental Health Coverage	0.882	Partial Approval

Agent Positions Summary

Legal Chairman (GPT-4o): The primary legal issues in this case are: - ****Contractual Interpretation****: Whether the policy's limit on psychiatric outpatient sessions (12 per year) is enforceable in light of the

CCHI's mental health parity provisions. - ****Medical Necessity****: Whether the continuation of treatment beyond the policy limit is justified due to the risk of self-harm, and if this constitutes an emergency or medically necessary treatment...

Medical Specialist (Claude 3.5): The treatment is medically necessary based on the following: - Patient presents with severe Major Depressive Disorder (F33.2) with documented suicidal ideation - The intensity and frequency of treatment (24 CBT sessions + medication management) aligns with clinical guidelines for severe depression with safety risks...

Regulatory Specialist (Gemini 2.5): As the Regulatory and Compliance Specialist for this panel, my analysis focuses exclusively on the adherence of both parties to the Saudi Arabian insurance regulatory framework, including Insurance Authority (IA) directives (formerly CCHI), SAMA regulations where applicable, and NPHIES standards. ****Respondent****: Bupa Arabia Insurance This analysis is based on the regulations and circulars governing the health insurance market in the Kingdom of Saudi Arabia....

Key Evidence Cited

Legal Chairman (GPT-4o):

- فقر الدم.pdf (insurance_regulations, relevance: 0.828)
- فقر الدم.pdf (insurance_regulations, relevance: 0.825)

Medical Specialist (Claude 3.5):

- الفصام واضطراب المزاج ثنائي القطب.pdf (medical_guidelines, relevance: 0.844)
- عبر مختلف مراحل الحياة (ADHD) بروتوكول وزارة الصحة لاضطراب فرط الحركة وتشتت الانتباه.pdf (medical_guidelines, relevance: 0.832)

Regulatory Specialist (Gemini 2.5):

- فقر الدم.pdf (insurance_regulations, relevance: 0.828)
- فقر الدم.pdf (insurance_regulations, relevance: 0.825)

Final Votes

Agent	Vote
Legal Chairman (GPT-4o)	Claim Approved
Medical Specialist (Claude 3.5)	Claim Approved
Regulatory Specialist (Gemini 2.5)	Claim Approved

Ruling Outcome

Decision: Claim Approved

Awarded Amount: SAR 35,000 of SAR 35,000 claimed

Consensus: Unanimous

B.5 Case SHOWCASE-004

Field	Value
Case ID	SHOWCASE-004
Ruling ID	RUL-8D5C61B9
Case Type	Prior Authorization
Claimant	Mohammed Al-Harbi
Respondent	Al Rajhi Takaful
Claim Amount	SAR 210,000

Case Summary

Mohammed Al-Harbi, 58, presented to a private hospital emergency department with acute chest pain. ECG confirmed STEMI and he was taken for emergency cardiac catheterization within 90 minutes of arrival, which revealed triple vessel disease requiring immediate PCI with 3 drug-eluting stents. He spent 5 days in ICU for post-procedure monitoring. Al Rajhi Takaful denied the full claim of SAR 210,000 stating that prior authorization was required for cardiac procedures exceeding SAR 50,000, and that the hospital failed to contact the insurer before proceeding. The hospital argues this was a life-threatening emergency where any delay for authorization could have been fatal, and that CCHI regulations exempt true emergencies from prior authorization requirements.

Legal Issues

- Whether STEMI constitutes a true emergency exempt from prior authorization under CCHI
- Hospital's obligation to notify insurer during vs after emergency treatment
- Reasonableness of SAR 210,000 for triple vessel PCI with ICU stay

Applicable Law & Regulations Cited

- قسطرة القلب.pdf (medical_guidelines)
- العلاج بالهرمونات البديلة.pdf (medical_guidelines)
- الخطة السعودية للصحة (SHC) - اختلال شحميات الدم.pdf (medical_guidelines)
- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations)
- التامين الصحي_895.pdf (insurance_regulations)
- فقر الدم.pdf (insurance_regulations)
- التامين الصحي_828.pdf (insurance_regulations)
- CCHI Unified Policy Section 2.3 - Prior Authorization Requirements

Precedent Cases Referenced

Case ID	Type	Similarity	Outcome
PREC-ON-001	Out Of Network Emergency	0.883	Claim Approved
PREC-ON-041	Out Of Network Emergency	0.882	Claim Approved
PREC-PI-051	Policy Interpretation	0.874	Claim Approved

Agent Positions Summary

Legal Chairman (GPT-4o): The primary legal issues in this case are: - **Emergency Treatment and Prior Authorization**: Whether the emergency nature of Mohammed Al-Harbi's medical condition exempts the

requirement for prior authorization under the policy and CCHI regulations. - ****Notification Obligations****: The hospital's obligation to notify the insurer during or after the emergency treatment...

Medical Specialist (Claude 3.5): I'll provide a detailed medical/clinical analysis of this case: - STEMI is a life-threatening emergency requiring immediate intervention - Door-to-balloon time target of 90 minutes is a critical clinical benchmark...

Regulatory Specialist (Gemini 2.5): As the Regulatory and Compliance Specialist for this panel, my analysis focuses strictly on the adherence of both parties to the Saudi Arabian insurance regulatory framework, including Insurance Authority (IA) directives (formerly CCHI) and NPHIES technical standards. Here is my assessment based on the provided case details and evidence. The primary regulatory framework governing this dispute includes:...

Key Evidence Cited

Legal Chairman (GPT-4o):

- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations, relevance: 0.844)
- التامين الصحي_895.pdf (insurance_regulations, relevance: 0.839)

Medical Specialist (Claude 3.5):

- قسطرة القلب.pdf (medical_guidelines, relevance: 0.841)
- قسطرة القلب.pdf (medical_guidelines, relevance: 0.837)

Regulatory Specialist (Gemini 2.5):

- قرار لائحة حماية مستفيدي الضمان الصحي.pdf (insurance_regulations, relevance: 0.844)
- التامين الصحي_895.pdf (insurance_regulations, relevance: 0.839)

Final Votes

Agent	Vote
Legal Chairman (GPT-4o)	Claim Approved
Medical Specialist (Claude 3.5)	Claim Approved
Regulatory Specialist (Gemini 2.5)	Claim Approved

Ruling Outcome

Decision: Claim Approved

Awarded Amount: SAR 210,000 of SAR 210,000 claimed

Consensus: Unanimous

B.6 Case SHOWCASE-005

Field	Value
Case ID	SHOWCASE-005
Ruling ID	RUL-25842E85
Case Type	Prescription Drug
Claimant	Abdullah Al-Shammari
Respondent	AXA Cooperative
Claim Amount	SAR 48,000

Case Summary

Abdullah Al-Shammari, 45, has moderate-to-severe seropositive rheumatoid arthritis that has not responded adequately to methotrexate and sulfasalazine over 18 months. His rheumatologist prescribed Adalimumab (Humira) at SAR 48,000 per year. AXA denied the claim, stating that a biosimilar alternative (Hadlima) at SAR 18,000 is available on their approved formulary and is clinically equivalent. The rheumatologist argues that clinical equivalence is not guaranteed for all patients, that the patient should have the right to the prescribed medication, and that the CCHI insurance drug formulary (IDF) does not mandate biosimilar substitution. AXA maintains that their formulary compliance policy is within their contractual rights and that the biosimilar is SFDA-approved as interchangeable.

Legal Issues

- Whether insurer can mandate biosimilar substitution when physician prescribes brand biologic
- CCHI IDF guidelines on formulary compliance vs physician prescription authority
- Cost-effectiveness argument: SAR 48,000 brand vs SAR 18,000 biosimilar with equivalent efficacy

Applicable Law & Regulations Cited

- التامين الصحي_895.pdf (insurance_regulations)
- تعميم تعديل جدول المنافع لوثيقة التامين الصحي.pdf (insurance_regulations)
- فقر الدم.pdf (insurance_regulations)
- قرار لائحة حماية مستخدمي الضمان الصحي.pdf (insurance_regulations)
- الدليل الوطني السعودي للممارسات السريرية لإدارة البالغين.pdf (medical_guidelines)
- انزلاق القرص القطني.pdf (medical_guidelines)
- سياسة وثيقة ضمان الاساسية.pdf (cchi_policies)
- CCHI Insurance Drug Formulary (IDF) Guidelines

Precedent Cases Referenced

Case ID	Type	Similarity	Outcome
PREC-PD-023	Prescription Drug Coverage	0.875	Claim Approved
PREC-PD-073	Prescription Drug Coverage	0.875	Claim Approved
PREC-PD-013	Prescription Drug Coverage	0.871	Claim Denied

Agent Positions Summary

Legal Chairman (GPT-4o): The primary legal issues in this case involve: - ****Contractual Obligations****: Whether AXA Cooperative Insurance is contractually obligated to cover the prescribed medication,

Adalimumab (Humira), despite it not being on their approved formulary. - ****Formulary Compliance vs. Physician Prescription Authority****: The extent to which AXA can enforce its formulary compliance policy against the prescribing authority of the physician....

Medical Specialist (Claude 3.5): Based on the provided case details and evidence, here is my medical/clinical analysis: - The treatment with Adalimumab is medically necessary based on: * Patient has moderate-to-severe seropositive RA (ICD M05.79)...

Regulatory Specialist (Gemini 2.5): Excellent. As the Regulatory and Compliance Specialist, I will now provide my analysis of Case ID: SHOWCASE-005, focusing strictly on the Saudi regulatory framework. ****Panel Role:**** Regulatory and Compliance Specialist The dispute is governed by a multi-layered regulatory framework:...

Key Evidence Cited

Legal Chairman (GPT-4o):

- التامين الصحي_895.pdf (insurance_regulations, relevance: 0.833)
- تعميم تعديل جدول المنافع لوثيقة التامين الصحي.pdf (insurance_regulations, relevance: 0.831)

Medical Specialist (Claude 3.5):

- الدليل الوطني السعودي للممارسات السريرية لادارة البالغين.pdf (medical_guidelines, relevance: 0.854)
- الدليل الوطني السعودي للممارسات السريرية لادارة البالغين.pdf (medical_guidelines, relevance: 0.854)

Regulatory Specialist (Gemini 2.5):

- سياسة وثيقة ضمان الاساسية.pdf (cchi_policies, relevance: 0.834)
- التامين الصحي_895.pdf (insurance_regulations, relevance: 0.833)

Final Votes

Agent	Vote
Legal Chairman (GPT-4o)	Partial Approval
Medical Specialist (Claude 3.5)	Claim Denied
Regulatory Specialist (Gemini 2.5)	Claim Denied

Ruling Outcome

Decision: Claim Denied

Awarded Amount: SAR 0 of SAR 48,000 claimed

Consensus: Majority / Split Decision