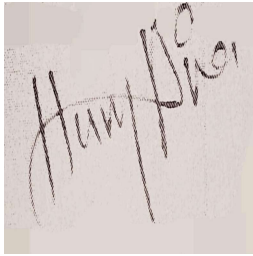


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : LEYSAN BAKIROVA INSURANCE PLAN : AMERICAN LIFE INSURANCE COMPANY DHA MEMBER ID : EID : 784-1985-5454281-5 DOB : 24-10-1985 CARD NUMBER : 097111030337437902 GENDER : Female MOBILE NUMBER : 0527229961 START DATE : 09-05-24 MEMBER NETWORK : Silver Premium END DATE : 09-05-24		Please follow benefits list for other deductible/copayment details			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE co dry cough fever pain in thoart 3 month pregnant oe chest is congested no added sounds vitals stable					
OBJECTIVE					
Temp: 37.7 °C RR : 20 bpm PR : 87 BP : 114 bpm Weight : 85 kg					
P PHARMACEUTICALS					
L	Code	Generic	Dosage	Duration	Instructions
A	0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others
N	0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
P DIAGNOSTIC PROCEDURES					
L	Diagonosis: J03.90 - Acute tonsillitis, unspecified, J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, R05 - Cough				
A	Treatments: 9, Consultation - GP				
N					
Facility Name: Irham Medical Center Arjan Telephone No: 047700948 Physician's Name: Humaira			Patient Registered by: Irham Medical Center Arjan Date and Time: 09-05-2024  Card Holder's Signature: "I hereby authorize any MedNet personnel to access my medical file"		



Physician's Stamp & Signature:



DISCLAIMER:

**ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION.
CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.**

MedNet Claims Center: 600 546002 (24-hour hotline), Fax: 800 4883

E-mail: mcc@mednet.com

Contains Confidential Medical Information. Not To Be Handled By Unauthorized personnel