

MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS	BENEFIT DETAILS
MEMBER NAME : MADHAT ATTALLAH INSURANCE PLAN : DUBAI INSURANCE COMPANY DHA MEMBER ID : EID : 784-1993-1480625-0 DOB : 26-03-1993 CARD NUMBER : 097112660280014401 GENDER : Male MOBILE NUMBER : 582314606 START DATE : 03-07-24 MEMBER NETWORK : Silver Premium END DATE : 03-07-24	Please follow benefits list for other deductible/copayment details

PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols

SUBJECTIVE

PC: COUGH 1 DAY

FLU

SORE THROAT

BODY ACHE

FEVER RECORDED AT HOME NOW HAVING NO FEVER PANADOL ALREADY TAKEN

OBJECTIVE

Temp: 37 °C **RR :** 20 bpm **PR :** 84 **BP :** 116 bpm **Weight :** 97 kg

P PHARMACEUTICALS

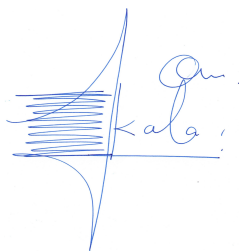
	Code	Generic	Dosage	Duration	Instructions
L	0070-148701-1171	(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal at night for once only
A	7512-014201-1161	(ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP	SYRUP (200ML, BOTTLE)	5	Take 1Syrup 2 Time(s) per Day For 5 Day(s) after meal
N	0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

P DIAGNOSTIC PROCEDURES

L Diagonosis: J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, J00 - Acute nasopharyngitis [common cold]

A Treatments: 0195-107704-0801, CEFTRIAXONE-TABUK IV, 96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug, 9, Consultation GP

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Facility Name: CITICARE MEDICAL CENTER LLC**Telephone No:** 047700948**Physician's Name:** Enomen Goodluck**Physician's Stamp & Signature:****Patient Registered by:** CITICARE MEDICAL CENTER LLC**Date and Time:** 03-07-2024**Card Holder's Signature:****"I hereby authorize any MedNet personnel to access my medical file"****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**