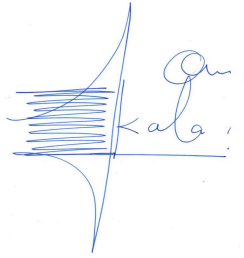


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS													
MEMBER NAME : TANZEEB SHEIKH ARSHAD AJEEB INSURANCE PLAN : Mednet EBP DHA MEMBER ID : EID : 784-1987-6508356-7 DOB : 15-12-1987 CARD NUMBER : 097110500279420001 GENDER : Male MOBILE NUMBER : 0581364455 START DATE : 20-07-24 MEMBER NETWORK : Silver Premium END DATE : 20-07-24		Please follow benefits list for other deductible/copayment details													
PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols															
SUBJECTIVE PC: LIPID PROFILE ALL PARAMETERS INCREASING TREND SHORTNES OF BREATH ON EXERCISE STOMACH PAIN GAS EPIGESTRIC															
OBJECTIVE															
Temp: 37.2 °C RR : 18 bpm PR : 76 BP : 138 bpm Weight : 96 kg															
P PHARMACEUTICALS <table><thead><tr><th>L</th><th>Code</th><th>Generic</th><th>Dosage</th><th>Duration</th><th>Instructions</th></tr></thead><tbody><tr><td>A</td><td>0270-189301-0081</td><td>(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS</td><td>CHEWABLE TABLETS (12S, BOX)</td><td>15</td><td>Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal</td></tr></tbody></table>				L	Code	Generic	Dosage	Duration	Instructions	A	0270-189301-0081	(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS	CHEWABLE TABLETS (12S, BOX)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal
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P DIAGNOSTIC PROCEDURES L Diagonosis:R07.89 - Other chest pain, R14.0 - Abdominal distension (gaseous), R14.1 - Gas pain, R06.02 - Shortness of breath A Treatments:93000, Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report,9, CONSULTATION GP,9, Consultation - GP N															
Facility Name:CITICARE MEDICAL CENTER LLC Telephone No: 047700948 Physician's Name: Enomen Goodluck		Patient Registered by:CITICARE MEDICAL CENTER LLC Date and Time: 20-07-2024  Card Holder's Signature:													



Physician's Stamp & 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.

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E-mail: mcc@mednet.com

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