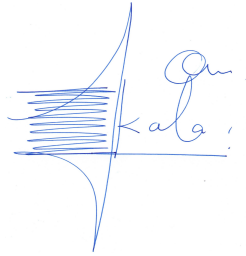


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS	BENEFIT DETAILS												
MEMBER NAME : TANZEEB SHEIKH ARSHAD AJEEB INSURANCE PLAN : Orient Insurance PJSC 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 10%;">Code</th> <th style="width: 40%;">Generic</th> <th style="width: 15%;">Dosage</th> <th style="width: 10%;">Duration</th> <th style="width: 20%;">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>			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 Diagnosis: 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, 93010, Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only, 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.

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

E-mail: mcc@mednet.com

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