

MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



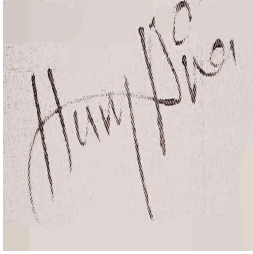
MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : NOOR ULLAH MUHAMMAD ZAHOOR INSURANCE PLAN : National Life And General Insurance DHA MEMBER ID : EID : 784-1993-8270799-2 DOB : 25-10-1993 CARD NUMBER : 097111700264325201 GENDER : Male MOBILE NUMBER : 0523305458 START DATE : 01-09-24 MEMBER NETWORK : Silver Premium END DATE : 01-09-24		Please follow benefits list for other deductible/copayment details			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE co fever on and off left lumber pain severe dark colour of urine pain in urination 27th august 2024 oe left lumber pain severe chest is clear no added sounds restless history of right kidney stone 1 year back left kidney stone 1 year back lithotripsy done 1 year back now again feeling pain on left side plan ultrasound abdomen					
OBJECTIVE					
Temp: 36.5 °C RR : 18 bpm PR : 65 BP : 148 bpm Weight : 63 kg					
P PHARMACEUTICALS					
	Code	Generic	Dosage	Duration	Instructions
L	0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	5	Take 1sachet 3 Time(s) per Day For 5 Day(s) others
	0097-658501-0252	(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (30 X 4.25G, SACHET)	7	Take 1sachet 3 Time(s) per Day For 7 Day(s) others

	Code	Generic	Dosage	Duration	Instructions
N	0195-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
P	3114-0391	(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	7	Take 1 Unit(s), 1 Time(s) per Day For 7 Day(s)

DIAGNOSTIC PROCEDURES
L **Diagnosis:**R50.9 - Fever, unspecified, N39.0 - Urinary tract infection, site not specified, R52 - Pain, unspecified

A **Treatments:**9, GP Cons,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,81001, Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0102-152902-1001, LACTATED RINGERS INJECTION USP,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,96361, Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure),30042033, CIPROFLOXACIN,0002-116601-1001, METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION

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Facility Name: CITICARE MEDICAL CENTER LLC Telephone No: 047700948 Physician's Name: Humaira  Physician's Stamp &Signature: 	Patient Registered by: CITICARE MEDICAL CENTER LLC Date and Time: 01-09-2024  Card Holder's Signature: "I hereby authorize any MedNet personnel to access my medical file"
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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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