MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

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The preferred choice for healthcare solutions

MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: Josef Valdrin Aguilar			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: Dubai Insurance_Swiss Life			
DHA MEMBER ID	:			
EID	: 784-1998-8173902-5	DOB	: 05-03-1998	
CARD NUMBER	: 097112090341657001	GENDER	: Male	
MOBILE NUMBER	: 0523138406	START DATE	: 20-09-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 20-09-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

PC: LOW BACK PAIN

HYPERTENSIVE

COGH

HYPERLIPIDEMIA

ASTHMA

BROCHITIS

OBJECTIVE

Temp: 36.6 °C RR : 18 bpm PR : 70 BP : 114 bpm Weight : 69 kg

P L A PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others
0071-155104-1171	(AMLODIPINE : 5 MG) (PERINDOPRIL : 10 MG) TABLETS	TABLETS (30S, POLYPROPYLENE TUBE)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
0090-312201-1171	(EZETIMIBE : 10 MG) TABLETS	TABLETS (28S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	30	Take 1Powder 3 Time(s) per Day For 30 Day(s) others

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Code	Generic	Dosage	Duration	Instructions
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	30	Take 1Gel 2 Time(s) per Day For 30 Day(s) others
0090-265901-1171	(MONTELUKAST : 10 MG) TABLETS	TABLETS (28S, BLISTER PACK)	30	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others
0188-155602-0391	(ROSUVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER (CALENDAR PACK))	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others
0188-135906-2441	(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	30	Take 1Solution 2 Time(s) per Day For 30 Day(s) others

PLAN

DIAGNOSTIC PROCEDURES

Diagonosis: I20.9 - Acute bronchitis, unspecified, M54.5 - Low back pain, I10 - Essential (primary) hypertension, E78.5 - Hyperlipidemia, unspecified, J45.20 - Mild intermittent asthma, uncomplicated

Treatments: 9, GP Cons,80061, Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)

Facility Name: CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: AHSAN HUSSAIN

Physician's Stamp &Signature:

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient Registered by: CITICARE MEDICAL CENTER LLC

Date and Time: 20-09-2024

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

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