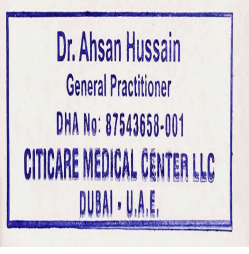


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : Josef Valdri Aguilar 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		Please follow benefits list for other deductible/copayment details			
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 PHARMACEUTICALS					
L A	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

	Code	Generic	Dosage	Duration	Instructions
N	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
P L A N	DIAGNOSTIC PROCEDURES Diagnosis: I20.9 - Acute bronchitis, unspecified, M54.5 - Low back pain, I10 - Essential (primary) hypertension, F78.5 - 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: 			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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