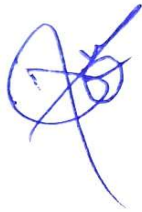


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

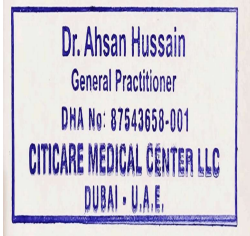


MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : FE RAZON ARCEGA INSURANCE PLAN : Islamic Arab Insurance Co. (P.S.C.) DHA MEMBER ID : EID : 784-1964-0943158-0 DOB : 23-01-1964 CARD NUMBER : I035-036-118605451-02 GENDER : Female MOBILE NUMBER : 543546102 START DATE : 28-09-24 MEMBER NETWORK : Silver Premium END DATE : 28-09-24		Please follow benefits list for other deductible/copayment details			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE					
PC: INFLAMATION SWELLING IN RIGHT HAND					
OBJECTIVE					
Temp: 36.8 °C RR : 18 bpm PR : 94 BP : 139 bpm Weight : 70 kg					
P PHARMACEUTICALS					
L	Code	Generic	Dosage	Duration	Instructions
A	4885-107902-0971	(IBUPROFEN : 400 MG) SOFT GELATIN CAPSULES	SOFT GELATIN CAPSULES (20S, BLISTER)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
N	0046-159501-0341	(SERRATIOPEPTIDASE : 5 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (20S, BOTTLE)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others
P DIAGNOSTIC PROCEDURES					
L	Diagnosis: A49.9 - Bacterial infection, unspecified, R22.9 - Localized swelling, mass and lump, unspecified				
A	Treatments: 9, Consultation - GP				
N					
Facility Name: CITICARE MEDICAL CENTER LLC Telephone No: 047700948 Physician's Name: AHSAN HUSSAIN			Patient Registered by: CITICARE MEDICAL CENTER LLC Date and Time: 28-09-2024  Card Holder's Signature:		



"I hereby authorize any MedNet personnel to access my medical file"

Physician's Stamp & Signature:



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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