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	: KHELOUDJA MOUSSAOUI			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: Orient Insurance PJSC			
DHA MEMBER ID	:			
EID	: 784-1997-3716508-6	DOB	: 25-02-1997	
CARD NUMBER	: 097110500338316302	GENDER	: Female	
MOBILE NUMBER	: 0556734598	START DATE	: 30-09-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 30-09-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

co weakness tired no energy 28th sep. 2024

oe

chest is clear no added sounds

restless

OBJECTIVE

Temp: 37 °C RR : 18 bpm PR : 70 BP : 102 bpm Weight : 57 kg

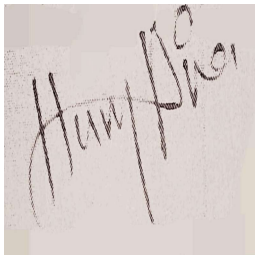
P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
0097-230603-0832	(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (50S, SACHET)	5	Take 1sachet 1 Time(s) per Day For 5 Day(s) others
1233-564801-1171	(PYRIDOXINE (VITAMIN B6) : 2 MG) (VITAMIN B12 : 1 MG) (THIAMINE (VITAMIN B1) : 1.4 MG) (NIACINAMIDE : 18 MG) (BETACAROTENE : 400 MCG) (PHYTONADIONE (VITAMIN K1) : 30 MCG) (VITAMIN E : 10 IU) (BIOTIN : 100 MCG) (CHROMIUM : 40 MCG) (RIBOFLAVINE (VITAMIN B2) : 1.4 MG) (POTASSIUM : 40 MG) (ASCORBIC ACID (VITAMIN C) : 60 MG) (ZINC : 5 MG) (PHOSPHORUS : 125 MG) (SELENIUM : 30 MCG) (MAGNESIUM : 50 MG) (MOLYBDENUM : 50 MCG) TABLETS	TABLETS (30S, HDPE BOTTLE)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

P L A N **DIAGNOSTIC PROCEDURES**

Diagonosis:E86.0 - Dehydration, R23.1 - Pallor, D64.9 - Anemia, unspecified

Treatments:9, Consultation - GP,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96360, IV HYDRATION,85025, COMPLETE BLOOD COUNT (CBC), BLOOD,80051, ELECTROLYTES

Facility Name: CITICARE MEDICAL CENTER LLC **Telephone No:** 047700948 **Physician's Name:** Humaira **Physician's Stamp &Signature:**  Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	**Patient Registered by:** CITICARE MEDICAL CENTER LLC **Date and Time:** 30-09-2024 **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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