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	: BAIMONNAH GOGO USOP			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: AMERICAN LIFE INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-1993-5851383-8	DOB	: 06-01-1993	
CARD NUMBER	: 097111030337670902	GENDER	: Female	
MOBILE NUMBER	: 0554506838	START DATE	: 05-10-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 05-10-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

OBJECTIVE

Temp: 37 °C RR : 18 bpm PR : 72 BP : 100 bpm Weight : 62.3 kg

P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
0188-232402-0391	(ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) others
1267-141614-1111	(ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION	SUSPENSION (355ML, PLASTIC BOTTLE)	1	Take 10ML 3 Time(s) per Day For 7 Day(s) others
0219-142902-1452	(CEFIXIME : 400 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	7	Take 1Capsule 1 Time(s) per Day For 7 Day(s) others
0042-136501-1171	(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others

P L A N **DIAGNOSTIC PROCEDURES**

Diagonosis:K29.00 - Acute gastritis without bleeding, R10.9 - Unspecified abdominal pain

Treatments:9.01, Consultation - GP - week 1

Facility Name:CITICARE MEDICAL CENTER LLC

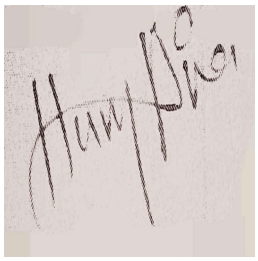
Telephone No: 047700948

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 05-10-2024

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.

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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