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	: NSOULI NNANE ALAIN			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: ORIENT INSURANCE P.J.S.C			
DHA MEMBER ID	:			
EID	: 784-1988-1392957-1	DOB	: 23-06-1988	
CARD NUMBER	: 097110040086054601	GENDER	: Male	
MOBILE NUMBER	: 0557634657	START DATE	: 09-10-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 09-10-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

PC: COUGH

ANAL FISSURE

ASTHMATIC KNOWN

FUNGAL INFECTION FEET

MIGRAINE

LOW BACK PAIN

OBJECTIVE

Temp: 36.5 °C RR : 18 bpm PR : 71 BP : 130 bpm Weight : 91 kg

P PHARMACEUTICALS

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Code	Generic	Dosage	Duration	Instructions
0188-135907-2441	(BUDESONIDE : 0.25 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
0027-109204-1171	(TERBINAFINE (AS HCL) : 250 MG) TABLETS	TABLETS (14S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) others
4401-134115-0651	(DILTIAZEM HYDROCHLORIDE : 20 MG/G) OINTMENT	OINTMENT (30G, ALUMINIUM TUBE)	30	Take 1Ointment 2 Time(s) per Day For 30 Day(s) others
6060-900501-0451	(N-ACETYL L-CYSTEINE : 300 MG) (VITAMIN C (L-ASCORBIC ACID) : 246.154 MG) (PROMELASE : 33 MG) (VITAMIN B2 : 5.091 MG) GRANULES	GRANULES (20S, SACHET)	30	Take 1sachet 2 Time(s) per Day For 30 Day(s) others

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Code	Generic	Dosage	Duration	Instructions
0006-199803-1171	(SUMATRIPTAN : 100 MG) TABLETS	TABLETS (6S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others
2093-596002-0431	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	30	Take 1Cream 2 Time(s) per Day For 30 Day(s) others
1161-274301-0391	(LEVOFLOXACIN (AS HEMIHYDRATE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (5S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others

PLAN

DIAGNOSTIC PROCEDURES

Diagonosis: I20.9 - Acute bronchitis, unspecified, K60.2 - Anal fissure, unspecified, J45.20 - Mild intermittent asthma, uncomplicated, M54.5 - Low back pain

Treatments: 85007, Blood count; blood smear, microscopic examination with manual differential WBC count,86140, C-reactive protein;,9, GP Cons

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: 09-10-2024

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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