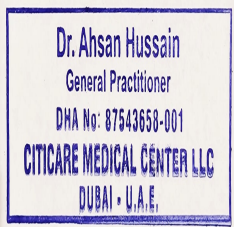


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : NSOULI NNANE ALAIN 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		Please follow benefits list for other deductible/copayment details			
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					
L A	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

	Code	Generic	Dosage	Duration	Instructions
N	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
P L A N	DIAGNOSTIC PROCEDURES Diagnosis: I20.9 - Acute bronchitis, unspecified, K60.2 - Anal fissure, unspecified, I45.20 - 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 			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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