

MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : ROCHELLE MARTILLANO ALMENANZA INSURANCE PLAN : DUBAI INSURANCE COMPANY DHA MEMBER ID : EID : 784-1989-0758482-9 DOB : 15-11-1989 CARD NUMBER : 097112440281748802 GENDER : Female MOBILE NUMBER : 0557332859 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 DECLINED BLOOD TEST as they are not covered by insurance.					
OBJECTIVE					
Temp: 36.8 °C RR : 18 bpm PR : 80 BP : 114 bpm Weight : 65.8 kg					
P PHARMACEUTICALS					
	Code	Generic	Dosage	Duration	Instructions
L	0188-135906-2441	(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	30	Take 1Puff 2Time(s) perDay For 30 Day(s) others
	0188-232401-0392	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	56	Take 1Tablets 1 Time(s) per Day For 56 Day(s) after meal
A	0011-528301-0391	(DAPAGLIFLOZIN (AS PROPANEDIOL) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	56	Take 1Tablets 1Time(s) perDay For 56 Day(s) after meal
	0188-155602-0391	(ROSUVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER (CALENDAR PACK))	56	Take 1Tablets 1Time(s) perDay For 56 Day(s) evening
N	0030-244101-0391	(CLOPIDOGREL : 75 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	56	Take 1Tablets 1 Time(s) per Day For 56 Day(s) morning
	0090-312201-1171	(EZETIMIBE : 10 MG) TABLETS	TABLETS (28S, BLISTER PACK)	56	Take 1Tablets 1Time(s) perDay For 56 Day(s) evening
P DIAGNOSTIC PROCEDURES					

L **Diagnosis:**K29.00 - Acute gastritis without bleeding, I20.9 - Angina pectoris, unspecified, J45.20 - Mild intermittent asthma, uncomplicated, E78.5 - Hyperlipidemia, unspecified, E11.9 - Type 2 diabetes mellitus without complications, K21.9 - Gastro-esophageal reflux disease without esophagitis

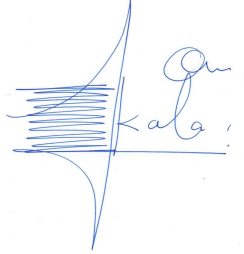
A **Treatments:**9, Consultation - GP

N

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: Enomen Goodluck



Physician's Stamp &Signature:



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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