MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

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MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: SAMINA ALI			Please follow benefits list for other deductible/copayme
INSURANCE PLAN	: Islamic Arab Insurance Co. (P.S.C.			
DHA MEMBER ID	:			
EID	: 784-1982-6705018-9	DOB	: 08-08-1982	
CARD NUMBER	: 097112710358328302	GENDER	: Female	
MOBILE NUMBER	: 0562117815	START DATE	: 28-10-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 28-10-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

OBJECTIVE

Temp: 37 °C RR : 21 bpm PR : 63 BP : 120 bpm Weight : 0 kg

P PHARMACEUTICALS

	Code	Generic	Dosage	Duration	Instru
L	0005-217502-0651	(BETA SITOSTEROL : 0.25 G/100G) OINTMENT	OINTMENT (200G, TUBE)	7	Take Time For 7 other
	0070-144101-0151	(BETAMETHASONE : 0.10%) (GENTAMICIN SULPHATE : 0.10%) CREAM	CREAM (15G, TUBE)	7	Take Time For 7 other
A	1195-678401-1171	(CALCIUM : 400 MG) (MAGNESIUM : 150 MG) (VITAMIN D (AS D3) : 2.5 MCG) (ZINC : 5 MG) TABLETS	TABLETS (30S, BLISTER)	30	Take Time For 3 other

	Code	Generic	Dosage	Duration	Instru
N	1195-679001-1161	(COPPER : 0.2 MG/5ML) (FOLIC ACID : 50 MCG/5ML) (HONEY : 100 MG/5ML) (IRON : 10 MG/5ML) (LYSINE : 20 MG/5ML) (MALT EXTRACT : 500 MG/5ML) (NICOTINAMIDE : 10 MG/5ML) (PANTOTHENIC ACID : 2 MG/5ML) (PYRIDOXINE : 1 MG/5ML) (THIAMINE : 5 MG/5ML) (CYANOCOBALAMIN : 5 MCG/5ML) (RIBOFLAVIN : 1 MG/5ML) (ASCORBIC ACID (VITAMIN C) : 30 MG/5ML) (ZINC : 3 MG/5ML) (MANGANESE : 0.25 MG/5ML) SYRUP	SYRUP (200ML, GLASS BOTTLE)	60	Take Time For 6 other

P **DIAGNOSTIC PROCEDURES**

L **Diagonosis:**D25.1 - Intramural leiomyoma of uterus, N93.9 - Abnormal uterine and vaginal bleeding, unspecified

A **Treatments:**10, Consultation - SP,76705, Ultrasound, abdominal, real time with image documentation; limited (eg, single quadrant, follow-up)

N

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: MOHAMMED M HAMED

Physician's Stamp &Signature:

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 28-10-2024

Card Holder's Signature:

"I hereby authorize any MedNet personnel to access m file"

DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SU

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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