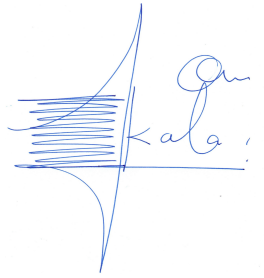


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS											
MEMBER NAME : MOHAMED HUSSAIN MAHGOUB MOHAMED INSURANCE PLAN : TAKAFUL EMARAT DHA MEMBER ID : EID : 784-1989-4800773-1 DOB : 28-11-1989 CARD NUMBER : 097112730346279901 GENDER : Male MOBILE NUMBER : 0559534717 START DATE : 31-10-24 MEMBER NETWORK : Silver Premium END DATE : 31-10-24		Please follow benefits list for other deductible/copayme											
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols													
SUBJECTIVE													
OBJECTIVE													
Temp: °C RR : bpm PR : BP : bpm Weight : kg													
P PHARMACEUTICALS													
<table border="1"><thead><tr><th>Code</th><th>Generic</th><th>Dosage</th><th>Duration</th><th>Instructions</th></tr></thead><tbody><tr><td colspan="5">No Prescriptions History Found</td></tr></tbody></table>				Code	Generic	Dosage	Duration	Instructions	No Prescriptions History Found				
Code	Generic	Dosage	Duration	Instructions									
No Prescriptions History Found													
P DIAGNOSTIC PROCEDURES													
L Diagnosis: J20.9 - Acute bronchitis, unspecified, R06.00 - Dyspnea, unspecified													
A Treatments: 9.01, Follow up Consultation GP													
N													
Facility Name:CITICARE MEDICAL CENTER LLC		Patient Registered by:CITICARE MEDICAL CENTER LLC											
Telephone No: 047700948		Date and Time: 31-10-2024											
Physician's Name: Enomen Goodluck		Card Holder's Signature: 											



Physician's Stamp & Signature:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

"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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