

MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

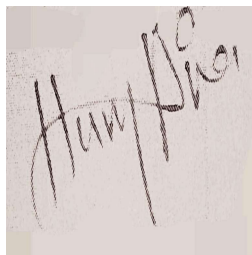


MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : REHAM AMRO BANDAKJI INSURANCE PLAN : National Life And General Insurance DHA MEMBER ID : EID : 784-1996-1726256-5 DOB : 26-02-1996 CARD NUMBER : I044-036-119498342-02 GENDER : Female MOBILE NUMBER : 0524838439 START DATE : 20-11-24 MEMBER NETWORK : Silver Premium END DATE : 20-11-24		Please follow benefits list for other deductible/copayment details			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE co headache ear pain nasal blokage sinusitis fever on and off vomitting 2 times 18th nov. 2024 oe chest is clear no added sounds restless					
OBJECTIVE					
Temp: 36.5 °C RR : 18 bpm PR : 86 BP : 90 bpm Weight : 64 kg					
P PHARMACEUTICALS					
	Code	Generic	Dosage	Duration	Instructions
L A N	6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	7	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others
	0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablet at night
	0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others
	0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
P DIAGNOSTIC PROCEDURES					
L	Diagonosis: J06.9 - Acute upper respiratory infection, unspecified, H66.91 - Otitis media, unspecified, right ear, R50.9 - Fever, unspecified, E86.0 - Dehydration, R11.10 - Vomiting, unspecified, J30.9 - Allergic rhinitis, unspecified				

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Treatments:85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein;,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-150403-1021, PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device),96361, Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure),96375, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure),9, GP Cons,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

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Facility Name:CITICARE MEDICAL CENTER LLC**Telephone No:** 047700948**Physician's Name:** Humaira

Physician's Stamp &Signature:**Patient Registered by:**CITICARE MEDICAL CENTER LLC**Date and Time:** 20-11-2024**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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