

MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : HABEEB MOHAMMED MOHAMMED MAQBOOL INSURANCE PLAN : AMERICAN LIFE INSURANCE COMPANY DHA MEMBER ID : EID : 784-1998-9824185-8 DOB : 01-07-1998 CARD NUMBER : I013-036-120219809-01 GENDER : Male MOBILE NUMBER : 0542045155 START DATE : 24-11-24 MEMBER NETWORK : Silver Premium END DATE : 24-11-24		Please follow benefits list for other deductible/copayment details			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE co fever on and off dry cough running nose pain in throat 20th nov. 2024 oe chest is congested no added sounds restless smoker					
OBJECTIVE					
Temp: 36.2 °C RR : 16 bpm PR : 76 BP : 130 bpm Weight : 91 kg					
P PHARMACEUTICALS					
	Code	Generic	Dosage	Duration	Instructions
L A N	1695-510201-1161	(TRIKATU : 2.5 MG/5 ML) (ADHATODA VASICA : 20 MG/5ML) (GLYCYRRHIZA GLABRA : 20 MG/5ML) (ZINGIBER OFFICINALE : 5 MG/5ML) (OCIMUM SANCTUM : 20 MG/5ML) (SOLANUM XANTHOCARPUM : 6.25MG/5ML) (MENTHA SYLVESTRIS : 3 MG/5ML) SYRUP	SYRUP (100ML, PLASTIC BOTTLE)	1	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal
	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
	0097-127405-0391	(AZITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
	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
	0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	take 1 tablet at night
P DIAGNOSTIC PROCEDURES					
L	Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified, R05 - Cough, R50.9 - Fever, unspecified, K29.00 - Acute gastritis without bleeding				

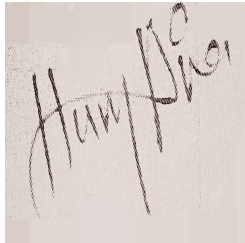
A **Treatments:**85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device,9, Consultation - GP

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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: 24-11-2024



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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