MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

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The preferred choice for healthcare solutions

MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: VIRGINIA VAN DER WESTHUIZEN			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: Islamic Arab Insurance Co. (P.S.C.			
DHA MEMBER ID	:			
EID	: 784-1954-4497960-3	DOB	: 15-03-1954	
CARD NUMBER	: 097112950280448502	GENDER	: Female	
MOBILE NUMBER	: 0504520238	START DATE	: 25-11-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 25-11-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

co she is already taking antihypertensive medicine now she complain dark colour of urine pain in the urination and feeling heaviness in left hand

oe chest is clear no added sounds

restless

OBJECTIVE

Temp: 36 °C RR : 18 bpm PR : 86 BP : 120 bpm Weight : 71 kg

P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

P L A N **DIAGNOSTIC PROCEDURES**

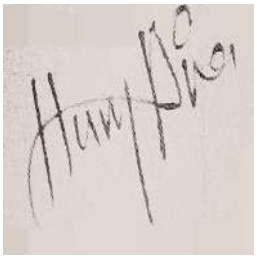
Diagonosis:N39.0 - Urinary tract infection, site not specified, I10 - Essential (primary) hypertension, E78.5 - Hyperlipidemia, unspecified

Treatments:81001, Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy,90.19, RENAL PANEL equivalent to CPT 80069, for Covid-19 ,80061, Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478),90.19, RENAL PANEL equivalent to CPT 80069, for Covid-19 ,9, Consultation - GP

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

Patient Registered by:CITICARE MEDICAL CENTER LLC
Date and Time: 25-11-2024

Physician's Stamp &Signature:



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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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