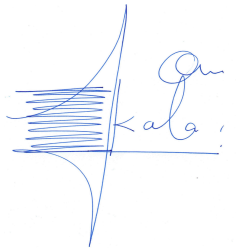


MEMBER DETAILS		BENEFIT DETAILS											
MEMBER NAME : KHELOUDJA MOUSSAOUI INSURANCE PLAN : Orient Insurance PJSC DHA MEMBER ID : EID : 784-1997-3716508-6 DOB : 25-02-1997 CARD NUMBER : 097110500338316302 GENDER : Female MOBILE NUMBER : 0556734598 START DATE : 28-11-24 MEMBER NETWORK : Silver Premium END DATE : 28-11-24		Please follow benefits list for other deductible/copayment details											
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols													
SUBJECTIVE													
PC: Tiredness, weakness and inability to go to work.													
Duration: 1 day.													
Not hypertensive and not diabetic.													
OBJECTIVE													
Temp: 36.4 °C RR : 18 bpm PR : 78 BP : 110 bpm Weight : 57.3 kg													
P L A N 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 L A N DIAGNOSTIC PROCEDURES													
Diagnosis: R53.1 - Weakness, R51.9 - Headache, unspecified													
Treatments: 9, Consultation - GP													
Facility Name: CITICARE MEDICAL CENTER LLC		Patient Registered by: CITICARE MEDICAL CENTER LLC											
Telephone No: 047700948		Date and Time: 28-11-2024											
Physician's Name: Enomen Goodluck		 Card Holder's Signature:											
		"I hereby authorize any MedNet personnel to access my medical file"											



Physician's Stamp & Signature:



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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