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	: KANYA KALI			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: AMERICAN LIFE INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-1987-4311665-3	DOB	: 14-07-1987	
CARD NUMBER	: 097112840359239802	GENDER	: Female	
MOBILE NUMBER	: 0555794604	START DATE	: 12-12-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 12-12-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

PC: Nasal congestion, recurrent sneezing,

Previously seeing ENT and being managed for enlarged turbinate bones.

OBJECTIVE

Temp: 36 °C RR : 18 bpm PR : 62 BP : 126 bpm Weight : 64 kg

P L A N PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
5251-624304-3591	(AZELASTINE HCL : 1 MG/G) (FLUTICASONE PROPIONATE : 0.365 MG/G) SUSPENSION FOR NASAL SPRAY	SUSPENSION FOR NASAL SPRAY (23G, AMBER GLASS BOTTLE+SPRAY PUMP+NASAL APPLICATOR)	30	Take 1Tablets 2 Time(s) per Day For 30 Day(s) others

P L A N DIAGNOSTIC PROCEDURES

Diagonosis:J34.3 - Hypertrophy of nasal turbinates, J30.9 - Allergic rhinitis, unspecified

Treatments:9, Consultation Gp

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

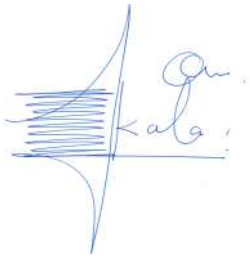
Physician's Name: Enomen Goodluck

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 12-12-2024

Card Holder's Signature:

"I hereby authorize any MedNet personnel to access my medical file"



Physician's Stamp &Signature:

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

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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