

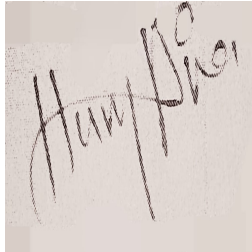
MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS	BENEFIT DETAILS																																		
MEMBER NAME : PRABHA BOTHRA BIRDHI CHAND SETHIA INSURANCE PLAN : DUBAI INSURANCE COMPANY DHA MEMBER ID : EID : 784-1962-8717252-0 DOB : 09-11-1962 CARD NUMBER : 097113070329373102 GENDER : Female MOBILE NUMBER : 971506542704 START DATE : 26-12-24 MEMBER NETWORK : Silver Premium END DATE : 26-12-24	Please follow benefits list for other deductible/copayment details																																		
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols																																			
SUBJECTIVE co fever on and off productive cough 20th dec. 2024 oe chest is congested no added sounds restless																																			
OBJECTIVE 																																			
Temp: 37 °C RR : 18 bpm PR : 65 BP : 134 bpm Weight : 70 kg																																			
P PHARMACEUTICALS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%;">Code</th> <th style="width: 30%;">Generic</th> <th style="width: 20%;">Dosage</th> <th style="width: 10%;">Duration</th> <th style="width: 20%;">Instructions</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">L</td> <td>0005-107001-0051</td> <td>(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS</td> <td>CAPLETS (24S, BOX)</td> <td>6</td> <td>Take 1Tablets 2 Time(s) per Day For 6 Day(s) others</td> </tr> <tr> <td>0005-119805-1172</td> <td>(PREDNISOLONE : 5 MG) TABLETS</td> <td>TABLETS (20S, BLISTER PACK)</td> <td>5</td> <td>Take 1Tablets 2 Time(s) per Day For 5 Day(s) others</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">A</td> <td>0005-116702-2481</td> <td>(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE</td> <td>SYRUP (SUGAR FREE (120ML, BOTTLE</td> <td>1</td> <td>Take 10ml 3 times in a day</td> </tr> <tr> <td>7096-142902-0061</td> <td>(CEFIXIME : 400 MG) CAPSULES</td> <td>CAPSULES (6S, BLISTER)</td> <td>5</td> <td>Take 1Tablets 2 Time(s) per Day For 5 Day(s) others</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">N</td> <td>2118-290301-0392</td> <td>(LEVOCETIRIZINE (DIHCL OR HCL : 5 MG FILM COATED TABLETS</td> <td>FILM COATED TABLETS (30S, BLISTER</td> <td>5</td> <td>Take 1Tablet at night</td> </tr> </tbody> </table>			Code	Generic	Dosage	Duration	Instructions	L	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	0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	A	0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	Take 10ml 3 times in a day	7096-142902-0061	(CEFIXIME : 400 MG) CAPSULES	CAPSULES (6S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	N	2118-290301-0392	(LEVOCETIRIZINE (DIHCL OR HCL : 5 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER	5	Take 1Tablet at night
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P DIAGNOSTIC PROCEDURES L Diagnosis: J06.9 - Acute upper respiratory infection, 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;, 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),9, Consultation GP,9, Consultation GP,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein,,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),0188-135906-2441, PULMICORT

N**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:** 26-12-2024**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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