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	: LAYA AL KERDY			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: AL-ITTIHAD ALWATANI GENERAL INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-2018-5833818-5	DOB	: 04-08-2018	
CARD NUMBER	: 097111460363542302	GENDER	: Female	
MOBILE NUMBER	: 0548884602	START DATE	: 23-01-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 23-01-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

pc : sore throat , cough , without sputum , nasal blockage , red eye

not allergic to any medicine

no other med condition

o/e hypermia of pharynx

ronsils enlarged

OBJECTIVE

Temp: 37.2 °C RR : 24 bpm PR : 88 BP : 00 bpm Weight : 24 kg

P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
0188-135907-2441	(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	4	Take 1Solution 1Time(s) perDay For 4 Day(s) others
0085-239201-0371	(DEXAMETHASONE : 0.10% (TOBRAMYCIN : 0.3% EYE DROPS	EYE DROPS (5ML, DROPPER BOTTLE	3	Take 1Drops 1Time(s) perDay For 3 Day(s) others
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	5	Take 1Spray 2Time(s) perDay For 5 Day(s) others

P L A N **DIAGNOSTIC PROCEDURES**

Diagonosis:J02.9 - Acute pharyngitis, unspecified, J03.90 - Acute tonsillitis, unspecified, R50.9 - Fever, unspecified

Treatments: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-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,86140, C-REACTIVE PROTEIN (CRP),82728, FERRITIN, SERUM,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86141, C-reactive protein; high sensitivity (hsCRP),82728, Ferritin,9, GP Cons,0188-135906-2441, PULMICORT,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)

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: DR Amaizah

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 23-01-2025

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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