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	: KARINA KARIM KIZI RIZAEVA			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: DUBAI INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-2000-3166539-9	DOB	: 12-06-2000	
CARD NUMBER	: 097111790340928602	GENDER	: Female	
MOBILE NUMBER	: 0551760167	START DATE	: 23-01-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 23-01-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

co headache pallor from one month dec. 2024

oe chest is clear no added sounds

restless

OBJECTIVE

Temp: 36.3 °C RR : 18 bpm PR : 75 BP : 115 bpm Weight : 65 kg

PLAN

PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
0278-107902-0391	(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others

PLAN

DIAGNOSTIC PROCEDURES

Diagonosis:D64.9 - Anemia, unspecified, R51.9 - Headache, unspecified

Treatments:9, Consultation - GP

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: Humaira

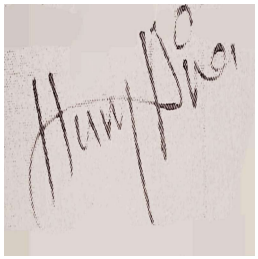
Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 23-01-2025

Card Holder's Signature:

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

Physician's Stamp &Signature:



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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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