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	: QAISAR ABBAS ZAMIN ALI			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: MetLife			
DHA MEMBER ID	:			
EID	: 784-1983-3589867-6	DOB	: 01-01-1983	
CARD NUMBER	: 097112840356307901	GENDER	: Male	
MOBILE NUMBER	: 971503952330	START DATE	: 18-04-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 18-04-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

PT CAME WITH HIGH GRADE FEVER WITH CHILLS ALONG WITH BODY PAIN AND RUNNY NOSE FOR ONE DAY

OE. CHEST IS CLEAR

OBJECTIVE

Temp: 37.7 °C RR : 18 bpm PR : 78 BP : 137 bpm Weight : 81 kg

P L A N PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	Take 1Syrup 2 Time(s) per Day For 5 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others
0005-938301-3381	(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others

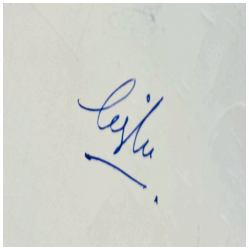
P L A N DIAGNOSTIC PROCEDURES

Diagonosis:J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, R05 - Cough, J30.9 - Allergic rhinitis, unspecified

Treatments:85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0005-111805-1021, CHLOROHISTOL 10MG,9, Consultation - GP

Facility Name:CITICARE MEDICAL CENTER LLC
Telephone No: 047700948
Physician's Name: AISHA

Patient Registered by:CITICARE MEDICAL CENTER LLC
Date and Time: 18-04-2025
Card Holder's Signature:

Physician's Stamp &Signature:  Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 CITICARE MEDICAL CENTER DUBAI - U.A.E	"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