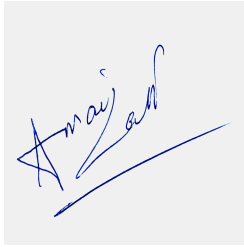


MEMBER DETAILS	BENEFIT DETAILS										
MEMBER NAME : MOHAMED TAREK MOUSSA NASSAR MOUSSA INSURANCE PLAN : DUBAI INSURANCE COMPANY DHA MEMBER ID : EID : 784-1998-6130378-4 DOB : 28-01-1998 CARD NUMBER : 097111910350609401 GENDER : Male MOBILE NUMBER : 0506135312 START DATE : 22-04-25 MEMBER NETWORK : Silver Premium END DATE : 22-04-25	Please follow benefits list for other deductible/copayment details										
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols											
SUBJECTIVE PAIN , BLEEDING AFTER INJURY WITH GLASS ON LRFT HAND IN HOME WHILE HANDLING BROKEN GLASS PIECES 14L04L25 LACERATION ON INTERDIGIT WEB CAUSED BY BROKEN GLASS HE WORKS AS ENGINEER O/E : 2*2 CM LACERTION WHICH IS DEEP INVOLVING MUSCLE WITHOUT FOREIGN BODY											
OBJECTIVE											
Temp: °C RR : bpm PR : BP : bpm Weight : kg											
P L A N PHARMACEUTICALS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Code</th> <th style="width: 25%;">Generic</th> <th style="width: 20%;">Dosage</th> <th style="width: 20%;">Duration</th> <th style="width: 20%;">Instructions</th> </tr> </thead> <tbody> <tr> <td colspan="5">No Prescriptions History Found</td> </tr> </tbody> </table>		Code	Generic	Dosage	Duration	Instructions	No Prescriptions History Found				
Code	Generic	Dosage	Duration	Instructions							
No Prescriptions History Found											
P L A N DIAGNOSTIC PROCEDURES Diagnosis: S66.829D - Laceration of musc/fasc/tend at wrs/hnd lv, unsp hand, subs, R52 - Pain, unspecified Treatments: 9.01, Consultation - GP - week 1, 12041, Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less											
Facility Name: CITICARE MEDICAL CENTER LLC Telephone No: 047700948 Physician's Name: DR Amaizah	Patient Registered by: CITICARE MEDICAL CENTER LLC Date and Time: 22-04-2025 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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