MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

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MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: SAINUDHEEN AMMAYATH KUNHIMOIDEEN AMMAYATH			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: DUBAI INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-1992-8748154-5	DOB	: 11-01-1992	
CARD NUMBER	: 097112660231875101	GENDER	: Male	
MOBILE NUMBER	: 0558733820	START DATE	: 08-11-23	
MEMBER NETWORK	: Silver Premium	END DATE	: 08-11-23	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

c/o headache since 10 days

c/o vomiting, epigastric pain since 2 days

constipation since 2 days

h/o migraine with on and off medicine

O/e- alert, afebrile

abdomen - gaseous distension with epigastric tenderness with hard faecal mass palpable

rs- clear

OBJECTIVE

Temp: 36.6 °C RR : 22 bpm PR : 76 BP : 124 bpm Weight : 73 kg

P L A N — PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
0097-142201-0391	(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal
0005-252201-0391	(CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0042-133702-1171	(BISACODYL : 5 MG) TABLETS	TABLETS (30S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
5278-168201-1171	(DOMPERIDONE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) before meal
2763-242802-1171	(PANTOPRAZOLE (AS SODIUM) : 40 MG) TABLETS	TABLETS (28S, BLISTER)	5	Take 1Tablets 1Time(s) perDay For 5 Day(s) before meal

P L A — DIAGNOSTIC PROCEDURES

Diagonosis:K59.00 - Constipation, unspecified, K29.00 - Acute gastritis without bleeding, R10.816 - Epigastric abdominal tenderness, R11.2 - Nausea with vomiting, unspecified, G43.919 - Migraine, unsp, intractable, without status migrainosus

Treatments:0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

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Facility Name: Irham Medical Center Arjan **Telephone No:** 047700948 **Physician's Name:** Dr.Rashmi Mosale **Physician's Stamp &Signature:** Dr. Rashmi Keshava Murthy Mosale General Practitioner DHA No: 00230994-003 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E.	**Patient Registered by:** Irham Medical Center Arjan **Date and Time:** 08-11-2023 **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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