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	: CHARITO SOLIS NAIGAN			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: Islamic Arab Insurance Co. (P.S.C.			
DHA MEMBER ID	:			
EID	: 784-1975-3514831-2	DOB	: 11-02-1975	
CARD NUMBER	: 097112950259948802	GENDER	: Female	
MOBILE NUMBER	: 0567371942	START DATE	: 27-11-23	
MEMBER NETWORK	: Silver Premium	END DATE	: 27-11-23	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

High fever and severe cough since three days back started on 24/11/2024 and inspite of using medicine not improved

severe wheezing and body pain also exists

OBJECTIVE

Temp: 38.4 °C RR : 22 bpm PR : 82 BP : 110 bpm Weight : 55.3 kg

P L A N PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
4417-711202-0391	(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER)	6	Take 1Tablets 4 Time(s) per Day For 6 Day(s) others
0006-402804-2481	(SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (150ML, GLASS BOTTLE)	7	Take 5ML 3 Time(s) per Day For 7 Day(s) others
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0005-116801-1161	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	7	Take 5ML 3 Time(s) per Day For 7 Day(s) others

P L A N DIAGNOSTIC PROCEDURES

Diagonosis:J02.9 - Acute pharyngitis, unspecified, J20.9 - Acute bronchitis, unspecified, R06.2 - Wheezing, R50.9 - Fever, unspecified

Treatments:9, Consultation - GP,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96375, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure),94664, Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device,0006-124513-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION

Facility Name: Irham Medical Center Arjan	**Patient Registered by:**Irham Medical Center Arjan

Telephone No: 047700948

Physician's Name: Sajid Sanaullah

Physician's Stamp &Signature:

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Date and Time: 27-11-2023

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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