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	: VALENTINA MELISSA			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: AMERICAN LIFE INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-1991-0405248-7	DOB	: 16-12-1991	
CARD NUMBER	: 097111030246394602	GENDER	: Female	
MOBILE NUMBER	: 0555749153	START DATE	: 23-12-23	
MEMBER NETWORK	: Silver Premium	END DATE	: 23-12-23	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

a 32 years woman with amenorea and abdominal pain

OBJECTIVE

Temp: 36.5 °C RR : 22 bpm PR : 92 BP : 112 bpm Weight : 95 kg

PLAN

PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
0139-116201-0391	(AMOXICILLIN : 250 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) morning

PLAN

DIAGNOSTIC PROCEDURES

Diagonosis:N91.2 - Amenorrhea, unspecified, R10.819 - Abdominal tenderness, unspecified site, R10.30 - Lower abdominal pain, unspecified

Treatments:10, Consultation - SP

Facility Name: Irham Medical Center Arjan

Telephone No: 047700948

Physician's Name: BEHNAZ

Patient Registered by: Irham Medical Center Arjan

Date and Time: 23-12-2023

Card Holder's Signature:

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

Physician's Stamp &Signature:

Dr. Behnaz Eslami
Specialist Obstetrics And Gynecology
DHA No: 82693370-001
PESHAWAR 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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