MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

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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	: 20-01-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 20-01-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

SEVERE SORE THROAT SINCE THREE DAYS STARTED 15/1/2024

HIGH FEVER AND COUGH STARTED TODAY

OBJECTIVE

Temp: 37.2 °C RR : 22 bpm PR : 64 BP : 111 bpm Weight : 54 kg

P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
4885-107902-0971	(IBUPROFEN : 400 MG) SOFT GELATIN CAPSULES	SOFT GELATIN CAPSULES (20S, BLISTER)	5	Take 1ML 4 Time(s) per Day For 5 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
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

P L A N **DIAGNOSTIC PROCEDURES**

Diagonosis:R07.0 - Pain in throat, J02.9 - Acute pharyngitis, unspecified, J20.9 - Acute bronchitis, unspecified, G43.719 - Chronic migraine w/o aura, intractable, w/o stat migr

Treatments: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),94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0006-124513-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,9.01, Consultation - GP - week 1

Facility Name: Irham Medical Center Arjan	**Patient Registered by:**Irham Medical Center Arjan
Telephone No: 047700948	**Date and Time:** 20-01-2024

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.	**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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