Case 5:

* **Name:** Mr. Hani
* **Age:** 66 years
* **Inception date:** 01-01-2018
* **Underwriting:** Yes
* **Continuity:** Yes
* **Medical questionnaire:**
* **Product:** IN, B-NSSF, AMB 0%, PM 15%
* **Chief Complaint:** urine tract infection culture ESBL
* **Admission Date & request:** Home care / provider home care
* Patient needs to receive imipenem 1 g IV q8hrs for 10 days
* Quotation:

|  |  |  |  |
| --- | --- | --- | --- |
| Treatment | Cost/ unit | Quantity | Total USD |
| Imipenem | 10usd | 30 | 300 |
| RN visit | 5 | 30 | 150 |
| IV hydration and supplies | 2 | 30 | 60 |
| cost | 27 | - | 510 |