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	: JAE HWA DIONIOSIO JOO			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: AMERICAN LIFE INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-2023-2701239-3	DOB	: 17-01-2023	
CARD NUMBER	: I013-036-119569711-01	GENDER	: Female	
MOBILE NUMBER	: 0545644073	START DATE	: 10-11-23	
MEMBER NETWORK	: Silver Premium	END DATE	: 10-11-23	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

high fever and vomiting since three days started 7/11/2023 wheezing also is there

OBJECTIVE

Temp: 36.3 °C RR : 24 bpm PR : 98 BP : 0 bpm Weight : 9.6 kg

P L A N **PHARMACEUTICALS**

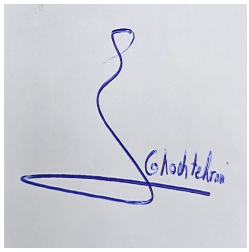
Code	Generic	Dosage	Duration	Instructions
0067-107904-1111	(IBUPROFEN : 100 MG/5ML) SUSPENSION	SUSPENSION (100ML, GLASS BOTTLE)	7	Take 3ML 3 Time(s) per Day For 7 Day(s) others
0205-123704-1631	(CETIRIZINE : 10 MG/ML) DROPS (ORAL)	DROPS (ORAL) (10ML, BOTTLE)	5	Take 5Drops 2 Time(s) per Day For 5 Day(s) others
0006-402804-2481	(SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (150ML, GLASS BOTTLE)	7	Take 2ML 3 Time(s) per Day For 7 Day(s) others
5278-127401-0812	(AZITHROMYCIN : 200 MG/5ML) POWDER FOR RECONSTITUTION	POWDER FOR RECONSTITUTION (15ML, BOTTLE)	5	Take 3ML 2 Time(s) per Day For 5 Day(s) others

P L A N **DIAGNOSTIC PROCEDURES**

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

Treatments:94645, Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure),10, Consultation - SP,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

Facility Name: Irham Medical Center Arjan	**Patient Registered by:**Irham Medical Center Arjan
Telephone No: 047700948	**Date and Time:** 10-11-2023
Physician's Name: Mohammadmahdi	

Physician's Stamp &Signature:  	**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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