MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

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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	: 097111030257958902	GENDER	: Female	
MOBILE NUMBER	: 0545644073	START DATE	: 26-12-23	
MEMBER NETWORK	: Silver Premium	END DATE	: 26-12-23	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

HIGH FEVER AND SEVERE THROAT INFECTION SINCE YESTERDAY NIGHT 25/12/2023

OBJECTIVE

Temp: 37 °C RR : 34 bpm PR : 82 BP : 0 bpm Weight : 8 kg

P L A N PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
0207-214402-0151	(BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM	CREAM (20G, COLLAPSIBLE TUBE)	7	Take 1Cream 3 Time(s) per Day For 7 Day(s) others
0005-107904-1112	(IBUPROFEN : 100 MG/5ML) SUSPENSION	SUSPENSION (110ML, GLASS BOTTLE)	7	Take 3ML 3 Time(s) per Day For 7 Day(s) others
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	6	Take 3ML 2 Time(s) per Day For 6 Day(s) others
0186-127401-0852	(AZITHROMYCIN : 200 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (30ML, GLASS BOTTLE)	5	Take 3ML 2 Time(s) per Day For 5 Day(s) others

P L A N DIAGNOSTIC PROCEDURES

Diagonosis:J02.9 - Acute pharyngitis, unspecified, J21.9 - Acute bronchiolitis, unspecified, B35.5 - Tinea imbricata

Treatments:10, Consultation - SP

Facility Name: Irham Medical Center Arjan

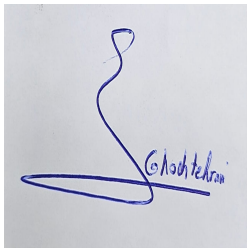
Telephone No: 047700948

Physician's Name: Mohammadmahdi

Patient Registered by: Irham Medical Center Arjan

Date and Time: 26-12-2023

Card Holder's Signature:

Physician's Stamp &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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