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	: 097111030257958902	GENDER	: Female	
MOBILE NUMBER	: 0545644073	START DATE	: 24-01-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 24-01-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

High fever and cough and severe allergic dermatitis in legs and face and full body since 22/1/2024

OBJECTIVE

Temp: 37.9 °C RR : 0 bpm PR : 55 BP : 00 bpm Weight : 10.3 kg

P L A N PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	7	Take 3ML 2 Time(s) per Day For 7 Day(s) others
0005-107904-1113	(IBUPROFEN : 100 MG/5ML) SUSPENSION	SUSPENSION (60ML , GLASS BOTTLE)	7	Take 3ML 3 Time(s) per Day For 7 Day(s) others
0252-149801-0151	(CLOBETASOL PROPIONATE : 0.05%) CREAM	CREAM (25G, COLLAPSIBLE TUBE)	5	Take 1Cream 4 Time(s) per Day For 5 Day(s) others
0219-142903-0851	(CEFIXIME : 100 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (30ML, GLASS BOTTLE + GRADUATED SPOON)	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, L23.9 - Allergic contact dermatitis, unspecified cause, R50.9 - Fever, unspecified

Treatments:0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0195-107704-0801, CEFTRIAXONE-TABUK IV,10, Consultation - SP

Facility Name: Irham Medical Center Arjan

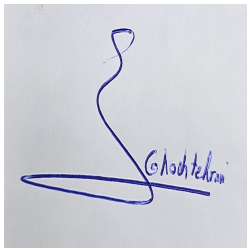
Telephone No: 047700948

Physician's Name: Mohammadmahdi

Patient Registered by: Irham Medical Center Arjan

Date and Time: 24-01-2024

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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