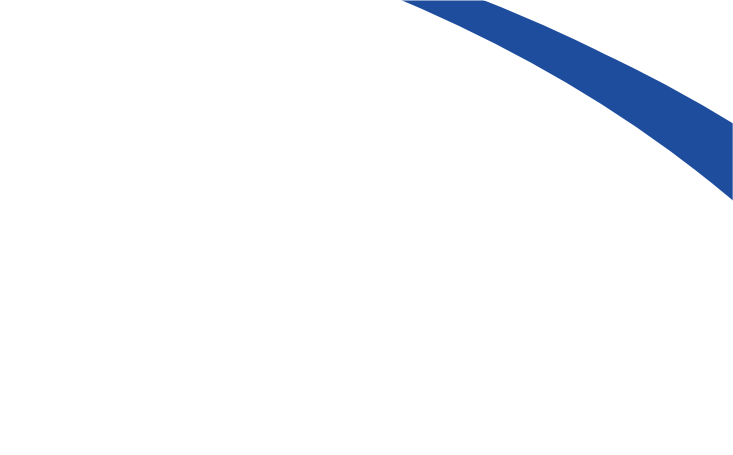
**A TRUSTED NAME**



**American Israel Medi-Plan**

**IN ISRAELI HEALTHCARE**

Dear Parent,

IMPORTANT: AIM MEDICAL SERVICES IN ISRAEL

Yeshivat *Mercaz Hatorah* requires all students to have Israeli medical coverage and has requested that we write to you regarding the AIM PLATINUM health plan for your son. Over the past 35 years, AIM has been designated Provider of Medical Services for many Yeshivas and Seminaries. AIM is a totally independent corporation and is not affiliated with any yeshiva. The only beneficiaries of this program are the AIM members. AIM is a comprehensive Private medical program that provides the following essential medical services to students studying in Israel.

\* A highly competent experienced staff of American physicians and nurses.

\* No charge for unlimited examinations and treatment at the AIM Medical Center.

\* 24/7 doctor on duty. One can always speak with a doctor.

\* Your son does not lay out money for services. He only needs to present his AIM photo ID card.

\* In case of a serious problem, the family or family doctor will be contacted by the caring physician.

\* AIM arranges immediate appointments with specialists eliminating red tape and long waiting lines.

\* Medical coverage available throughout the State of Israel.

\* Emergency room & hospitalization coverage with no deductible, covers all non-elective hospital fees.

\* AIM Plan includes complete coverage for specialists, prescribed medications, diagnostic treatment and emergency dental care (see enclosed literature)

\* The knowledge that your son will receive the best around the clock medical care available in Israel.

\* Pre-existing conditions: covers sudden unexpected onset of pre-existing conditions\*

\* Medical Maximum of $200,000.

\* Diagnostic tests including CAT scans, MRI, bone scans.

\* Physical Therapy and Chiropractic care up to 4 visits per year.

\* Alternative Medicine, Chinese medicine, Acupuncture, Herbal Therapy.

\* March of the Living Trip to Poland-14 days coverage\*.

\* Lost checked luggage up to $250/year.

\* Coverage for Sports League

The AIM doctor visits the school twice a week. In addition AIM offers telemedicine remote sessions. The purpose of this expanded capability is not only in times of quarantine or if parents prefer their child not visit a doctor's office, but this will allow students who need to see a doctor to see on the same day.

Mercaz Hatorah has made special arrangements to have league sports fully covered by the AIM Platinum plan at no additional charge!

Like many others interested in Torah education, I believe a complete medical services program with American doctors, is important for every young person, particularly when they are far away from home.

NO STUDENT WILL BE ALLOWED INTO YESHIVA WITHOUT MEDICAL COVERAGE!

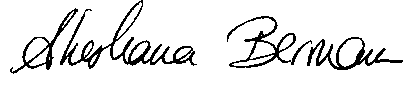
You can receive further information and register securely online at [www.aim.co.il](http://www.aim.co.il).

Please feel free to contact the AIM U.S. office toll free at: 1–800–4–AIM–PLAN or by E-mail: [info@aim.co.il](mailto:info@aim.co.il)

\*\* Please note, AIM offers a full refund if your child does not come to Israel.

1400 Village Square Blvd #3-88294, Tallahassee, 32312 FL USA | Phone: 1-800-4-AIM-PLAN | Fax : 305-359-5710 | Email: [info@aim.co.il](mailto:info@aim.co.il)

Sincerely,



Mrs. Shoshana Berman

Director of medical services

**Physician’s Statement for Medication Prescription Refill**

Dear Dr. Eagle and AIM staff,

This statement is to declare that my patient \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ (patient’s name),

\_\_\_/\_\_\_/\_\_\_\_\_ (date of birth) is under my care and is being treated for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (diagnosis)

and is currently taking :

(Medication) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Dosage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above patient is stable on this medication.

I, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for the AIM physician to continue to prescribe the medications for my patient for the duration of their school year in Israel on the American-Israel Medi-Plan (AIM).

This medication can be prescribed to this patient with the following limitations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you,

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_\_