



ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Date: 15-May-2024

Clinic Name: Irham Medical Center Arjan Emirates: 784-1999-9104590-3

Card Holder's Name: MEHDI Age: 24Y - 7M - 29D Sex: Male

Card Holder's Tel No: Mobile No: +212678613731

Ins Card No: I011-010-120692323-01 Valid Upto: 7/6/2024

Company FMC NETWORK UAE

Name: MANAGEMENT
CONSULTANCY

Employee
No: _____

Nationality: Moroccan



Clinical Details: Temp 39.9

B.P. 121

Pulse. 112

Signs & Symptoms: risk of fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J02.9 - Acute pharyngitis, unspecified, J03.90 - Acute tonsillitis, unspecified, R50.9 - Fever, unspecified

Management plan (Services inside the clinic including injections and investigations)

96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0005-149902-1021, CLOFEN , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,9.01, Free Follow-Up Consultation Gp , General Consultation



Doctor's Name: Enomen Goodluck

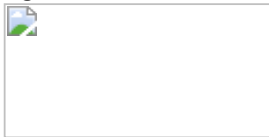
signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 15-May-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	3	9	0.0000
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20	0.0000
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	5	0.0000