ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, P. O. BOX: 127452, ABU DHABI
Tel – 04 3977841, Fax – 04 3977842
Email – claims@fmchealthcare.ae Toll Free: 800 3426

Reimbursement Medical Expenses Claim form

(Emergency Only)

Date: 22-May-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1993-2656768-4
Card Holder's Name: AHMAD JAMAL QAISAR KHALIL Age: 30Y - 11M - 16D Sex: Male
Card Holder's Tel No: Mobile No: 0522795599
Ins Card No: I011-010-118620467-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.5 B.P. 126 Pulse. 65
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: S61.412A - Laceration without foreign body of left hand, init encntr, G89.11 - Acute pain due to trauma

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

96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

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 22-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (10S, BLISTER PACK)	5	10	0.0000
(ASCORBIC ACID (VITAMIN C) : 100 MG) TABLETS	TABLETS (28S, BLISTER PACK)	10	30	0.0000
(POVIDONE IODINE : 10%) OINTMENT	OINTMENT (40G, TUBE)	10	1	0.0000