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: 30-May-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1999-3580577-2
Card Holder's Name: DASHA DAWN SANDIGAN DAMOS Age: 25Y - 3M - 18D Sex:Female
Card Holder's Tel No: Mobile No: 0588873263
Ins Card No: I011-010-118093061-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Philippine

Clinical Details: Temp38.1 B.P.107 Pulse. 106
Signs & Symptoms: Risk Of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: J03.80 - Acute tonsillitis due to other specified organisms, J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unsp
M79.10 - Myalgia, unspecified site

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,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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(PARACETAMOL : 400 MG) (PSEUDOEPHEDRINE HCL : 30 MG) (CAFFEINE : 32 MG) (CHLORPHENIRAMINE MALEATE : 3 MG) TABLETS	TABLETS (24S, BLISTER)	12	24
(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	10

Medicine	Dose	Duration	Quant
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	10	10
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	1
(BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES	LOZENGES (18S, BLISTER)	3	18