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

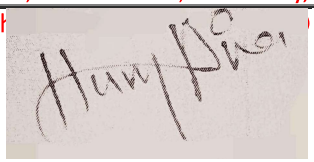
Medical Expenses Claim form

Date: 01-Jul-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-5150491-6
Card Holder's Name: ALI KHAN SAR BULAND KHAN Age: 30Y - 5M - 29D Sex: Male
Card Holder's Tel No: Mobile No: 0543953529
Ins Card No: I019-010-119489091-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Pakistani

Clinical Details: Temp35.2 B.P.112 Pulse. 78
Signs & Symptoms: risk for fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: R11.10 - Vomiting, unspecified, R11.0 - Nausea, K29.70 - Gastritis, unspecified, without bleeding

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

0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,2568-242802-0601, (PANTOPRAZOLE (AS SODIUM) : 40 MG) LYOPHILIZED POWD INJECTION , Pharmacy,9, Consultation Gp , General Consultation,0005-150403-1021, PREMOSAN , Pharmacy,2568-242802-0601, (PANTOPRAZOLE (AS SODIUM) : 40 MG) LYOPHILIZED POWDER FOR INJECTION , Ph 1ST TO 1 HR , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay



Dr. Humaira Mumta
General Practitioner
DHA No: 54155530-00
CITICARE MEDICAL CENTE
DUBAI - U.A.E.

Doctor's Name: Humaira 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 abo mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 01-Jul-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (28S, BLISTER)	7	7
(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	9