

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: 08-Jul-2024

Clinic Name: CITICARE MEDICAL CENTER LLC
Card Holder's DANUSHAKA MUTHUKUMARA
Name: ELLAPPERUMA ARACHCHIGE
Card Holder's Tel No: Mobile No:
Ins Card No: 1019-010-120039269-01

Company FMC Standard Employee Name: Network No:

Emirates: 784-1994-2810897-3 Age: 30Y - 4M Sex:Male

971589354096 Valid Upto: 7/6/2025 _____Nationality: Sri _____Nationality: Lankan



Clinical Details:	Temp37.3	B.P.110	Pulse. <mark>80</mark>	
Signs & Symptoms: RISK FOR FA	ALL			
Date of Onset Illness:		○ Emergency ○ Work related ○ New visit ○ Follow up visit		
Diagnosis: J06.9 - Acute upper	respiratory infection, un	specified, R50.9 - Fever, unspecified	, R07.0 - Pain in throat	
Management plan (Services i	nside the clinic includinย	g injections and investigations)		
			Lale:	
Doctor's Name: Enomen Good	dluck	signature with seal:	<i>y</i>	
Diagnostic Procedures referred	outside:			
Lhander and a standard and a standard	. 1126-1	to Classification disclaration	n 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 08-Jul-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20	0.0000
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	7	2	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	20	0.0000
(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	10	0.0000