

## 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: 22-Sep-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1987-8465913-2 Card Holder's Name: MASOOD Age: 37Y - 0M - 8D Sex: Male

Card Holder's Tel No: Mobile No: 05699845664
Ins Card No: 102-302-0006119301-01 Valid Upto: 11/3/2025

Company FMC Standard Employee Name: Network No:



Clinical Details:	Temp <mark>36.8</mark>	B.P.108	Pulse. <mark>88</mark>
Signs & Symptoms: RISK FC	OR FALL		
Date of Onset Illness :		○ Emergency ○ Work related ○ New visit ○ Follow up visit	
Diagnosis: J06.9 - Acute up	per respiratory infection, uns	pecified, J00 - Acute nasopharyngitis	[common cold], R05 - Cough, R10.13 -
Epigastric pain, M54.5 - Lo	w back pain, R07.1 - Chest pa	in on breathing	

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

0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE: 1 G) POWDER FOR INJECTION, Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, Pharmacy,0005-174202-0781, RISEK 40MG, Pharmacy,0239-135903-0791, (BUDESONIDE: 200 MCG) POWDER FOR INHALATION, Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS/DX 1ST TO 1 HR, Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM,

Co.Pay,9, Consultation Gp , General Consultation

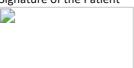
Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.

Doctor's Name: AHSAN HUSSAIN signature with seal:

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-Sep-2024



## Pharmaceuticals (to be filled by treating doctor only)

Pharmaceuticals (to be filled by treating doctor only)						
Medicine	Dose	Duration	Quantity	Price		
CETIRIZINE HCL	Tablet	7	7	0.0000		
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	7	1	0.0000		
(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	7	14	0.0000		
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	7	0.0000		