

**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: 05-Oct-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-5037981-1

Card Holder's Name: ARSAL MEHMOOD BUTTAR AFZAAL AHMAD Age: 26Y - 2M - 16D Sex: Male

Card Holder's Tel No: Mobile No: 971567374320

Ins Card No: I019-010-118280343-01 Valid Upto: 30/11/2024

Company: FMC Standard Network Employee No: Nationality: Pakistani



Clinical Details:	Temp	B.P.	Pulse.
Signs & Symptoms:			
Date of Onset Illness :		☐ Emergency ☐ Work related ☐ New visit ☐ Follow up	
Diagnosis: R07.9 - Chest pain, unspecified, M25.519 - Pain in unspecified shoulder, I20.9 - Angina pectoris, unspecified			

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

93000, ECG ROUTINE ECG W/LEAST 12 LDS W/I&R , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

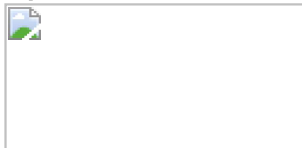
Dr. Enomen Goodluck I
 General Practitioner
 DHA No: 28040827-00
 CITICARE MEDICAL CENTRE
 DUBAI - U.A.E.

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 a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 05-Oct-2024



Pharmaceuticals (to be filled by treating doctor only)