



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: 27-Oct-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-8304137-8

Card Holder's Name: ANDREW KAGGWA JEMBA Age: 42Y - 9M - 26D Sex: Male

Card Holder's Tel No: Mobile No: 522418619

Ins Card No: I019-010-115341004-01 Valid Upto: 7/6/2025

Company FMC Standard Employee

Name: Network No: Nationality: Ugandan



Clinical Details: Temp 36 B.P. 118 Pulse: 70

Signs & Symptoms: risk of fall

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: I10 - Essential (primary) hypertension, E78.5 - Hyperlipidemia, unspecified, Z79.899 - Other long term (current) drug use

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

Doctor's Name: Enomen Goodluck

signature with seal:

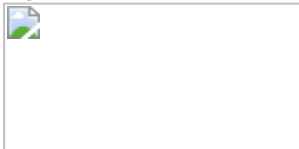
Diagnostic Procedures referred outside:

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, medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 27-Oct-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ATORVASTATIN : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	28	28
(VALSARTAN : 160 MG) (AMLODIPINE (AS BESYLATE) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER)	28	28

