

## ANNEXURE V

## **FMCNETWORKUAE**

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

0505097578

Date: 30-Oct-2024	4
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1981-4260860-7

Card Holder's MOISES ANGELO DA

Name: SILVEIRA

Card Holder's Tel No: Mobile No:

Ins Card No: I017-010-119304765-01

Company FMC Standard Employee

Name: Network No:



\_Nationality:<mark>Brazilian</mark>

2/5/2025

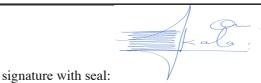
Clinical Details: Temp36.5 B.P.125 Pulse. 67
Signs & Symptoms: risk of fall
Date of Onset Illness: Emergency Work related New visit Follow
Diagnosis: K21.9 - Gastro-esophageal reflux disease without esophagitis, R12 - Heartburn

Age: 42Y - 10M - 14D

Valid Upto:

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

9.01, Free Follow-Up Consultation Gp, General Consultation



Dr. Enomen Good

General Practii

DHA No: 280408

CITICARE MEDICAL |

DURAL - U.A.

Diagnostic Procedures referred outside:

Doctor's Name: Enomen Goodluck

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the a 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 medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-Oct-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(ALUMINIUM HYDROXIDE : 300 MG) (SIMETHICONE : 10 MG) (MAGNESIUM HYDROXIDE : 25 MG) (MAGNESIUM TRISILICATE : 50 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (20S, STRIP)	5	20