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

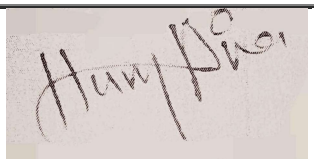
Date: 08-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-1524413-1
Card Holder's Name: ESTHER ANGATIA SHITERA Age: 33Y - 1M - 0D Sex: Female
Card Holder's Tel No: Mobile No: 0523811513
Ins Card No: I019-010-118620273-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No:_____Nationality: Kenyan

Clinical Details: Temp36.6 B.P.90 Pulse. 82
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: N92.0 - Excessive and frequent menstruation with regular cycle, R22.0 - Localized swelling, mass and lump, head, R10.3 abdominal pain, unspecified, E86.0 - Dehydration

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

0102-111908-1001, SODIUM CHLORIDE B.P. , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,0005-136504-1021, SCOPIN Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Humaira 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 abo 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 co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 08-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	P
(MEFENAMIC ACID : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10	0
(ETAMSYLATE : 500 MG) CAPSULES	CAPSULES (20S, BLISTER)	5	10	0