

## 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

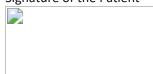
Medical Expenses Claim form

Date: 12-Nov-2024 Fmirates: 784-1982-1024520-9 Clinic Name: CITICARE MEDICAL CENTER LLC Card Holder's Name: MOHSIN KHAN MOHAMMED NIYAZAge: 42Y - 2M - 20DSex: Male Card Holder's Tel No: Mobile No: 0589929842 Ins Card No: 1005-010-117360009-01 Valid Upto: 30/9/2025 Company Name: FMC Standard Network Employee No: \_\_\_\_\_\_ Nationality: Indian Clinical Details: Temp36.8 B.P.104 Pulse. 66 Signs & Symptoms: RISK FOR FALL Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow up Diagnosis: T78.40XS - Allergy, unspecified, sequela, C84.09 - Mycosis fungoides, extranodal and solid organ sites Management plan (Services inside the clinic including injections and investigations) 9, Consultation Gp , General Consultation Dr. Ahsan Hussain **General Practitioner** DHA No: 87543658-001 CITICARE MEDICAL CENTER DUBAL - U.A.E. Doctor's Name: AHSAN HUSSAIN 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 abore 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 cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 12-Nov-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Pr
(TERBINAFINE (AS HCL) : 250 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7	0.
(TERBINAFINE (AS HCL : 1% CREAM	CREAM (15G, TUBE	7	1	23