



# ANNEXURE V

# F M C NETWORK UAE

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

## Medical Expenses Claim form

Date: 13-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1992-3761863-4  
Card Holder's Name: PRINCE AMAR SINGH Age: 31Y - 11M - 6D Sex: Male  
Card Holder's Tel No: Mobile No: 0569488659  
Ins Card No: I005-010-118921925-01 Valid Upto: 30/9/2025  
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 36.2 B.P. 110 Pulse: 80  
Signs & Symptoms: RISK FOR FALL  
Date of Onset Illness :  ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit  
Diagnosis: R10.13 - Epigastric pain, K21.9 - Gastro-esophageal reflux disease without esophagitis, K29.00 - Acute gastritis without bleeding

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

0005-136504-1021, SCOPINAL , Pharmacy, 0005-174202-0781, RISEK 40MG , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 9, Consultation Gp , General Consultation, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: AHSAN HUSSAIN

signature with seal:

Dr. Ahsan Hussain  
General Practitioner  
DHA No: 87543658-001  
CITICARE MEDICAL CENTER LLC  
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 any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 13-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

| Medicine                                                   | Dose                                    | Duration | Quantity | Price  |
|------------------------------------------------------------|-----------------------------------------|----------|----------|--------|
| (HYOSCINE : 10 MG FILM COATED TABLETS                      | FILM COATED TABLETS (200S, BLISTER PACK | 7        | 14       | 0.3000 |
| (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN | CAPSULES (HARD GELATIN (14S, BLISTER    | 7        | 7        | 2.2900 |