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

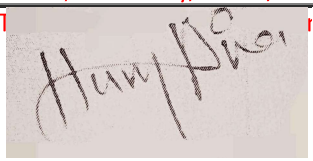
Date: 14-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-7424118-0
Card Holder's Name: ALAA BELLAAROUCH Age: 23Y - 0M - 22D Sex: Male
Card Holder's Tel No: Mobile No: 0556268709
Ins Card No: I005-010-121540492-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Moroccan

Clinical Details: Temp36.5 B.P.100 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, R19.7 - Diarrhea, unspecified, R50.9 - Fever, unspecified, R11.0 R10.9 - Unspecified abdominal pain

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,01
116601-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION , Pharmacy,0102-111908-1001, SODIUM CHLORIDE
Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,0005-136504-1021, SCOPINAL , Pharmacy,96372, THER/PROPH/DIAG INJ
Co.Pay,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLU
General Consultation

Doctor's Name: Humaira signature with seal:



Dr. Humaira Mumta
General Practitioner
DHA No: 54155530-00
CITICARE MEDICAL CENTE
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 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 14-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CIPROFLOXACIN (AS HYDROCHLORIDE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER	7	7

Medicine	Dose	Duration	Quantity
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14
(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (28.5G X 10, SACHET)	5	5
(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	7	21
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12