

**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: 20-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-1396146-0

Card Holder's Name: CHRISTINE JOY RONQUILLO Age: 30Y - 11M - 6D Sex: Female

BUAN Mobile No: 0501617649

Card Holder's Tel No: Ins Card No: I019-010-121028772-01 Valid Upto: 7/6/2025

Company Name: FMC Standard Network Employee No: Nationality: Philippine



Clinical Details: Temp 36.5 B.P. 90 Pulse. 86

Signs & Symptoms: RISK OF FALL

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: N92.0 - Excessive and frequent menstruation with regular cycle

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

9, Consultation Gp , General Consultation

Doctor's Name: AHSAN HUSSAIN

signature with seal:

Dr. Ahsan Hussain
 General Practitioner
 DHA No: 8754365
 CITICARE MEDICAL CENTER
 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 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 services and copies of all medical and Clinic records.

Signature of the Patient

Date 20-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)