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: 30-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-8304137-8
Card Holder's Name: ANDREW KAGGWA JJEMBA Age: 42Y - 11M - 3D Sex: Male
Card Holder's Tel No: Mobile No: 522418619
Ins Card No: I019-010-115341004-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Ugandan

Clinical Details: Temp 36 B.P. 130 Pulse. 70
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: I10 - Essential (primary) hypertension, E78.5 - Hyperlipidemia, unspecified, Z79.899 - Other long term (current

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

9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen
General
DHA No: 2
CITICARE MED
DUBA

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 t
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharma
person who has provided medical services to me to furnish any and all information with regard to any medical history, med
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Qu

(VALSARTAN : 160 MG) (AMLODIPINE (AS BESYLATE) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER)	28	28
(ATORVASTATIN : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	28	28