

ANNEXURE V

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
Clinia.	N. I	CITIC

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: 522418619 Mobile No: Ins Card No: 1019-010-115341004-01 Valid Upto: 7/6/2025

Company **FMC Standard** Employee Nationality: Ugandan Name:

No: Network



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

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

9, Consultation Gp, General Consultation



Dr. Enomen Good **General Practit** DHA No: 280408 CITICARE MEDICAL (DUBAI - U.A

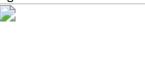
Diagnostic Procedures referred outside:

Doctor's Name: Enomen Goodluck

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, medica 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	Quan
(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