

**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: 784-1986-0719742-7

Card Holder's Name: SAROJ BHATTARAI RAM PRASAD BHATTARAI Age: 38Y - 2M - 28D Sex: Male

Card Holder's Tel No: Mobile No: 528857640

Ins Card No: I005-010-118146589-01 Valid Upto: 30/9/2025

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



Clinical Details:	Temp	B.P.	Pulse.
Signs & Symptoms:			
Date of Onset Illness :		☐ Emergency ☐ Work related ☐ New visit ☐ Follow	
Diagnosis:			

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

9.01, Free Follow-Up Consultation Gp , General Consultation

Doctor's Name: Humaira

signature with seal:

Dr. Humaira M
 General Practitioner
 DHA No: 541555
 CITICARE MEDICAL I
 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 30-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)