

**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: 06-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-1290117-6

Card Holder's Name: MAREENA THISHUNI HIMASHA EDIRISINGHE Age: 23Y - 0M - 20D Sex: Female

Card Holder's Tel No: Mobile No: 0586687403

Ins Card No: I005-010-120365768-01 Valid Upto: 30/9/2025

Company: FMC Standard Employee: Nationality: Sri Lankan



Clinical Details: Temp 36 B.P. 122 Pulse. 86

Signs & Symptoms: risk of fall

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

Diagnosis: N39.0 - Urinary tract infection, site not specified, R50.9 - Fever, unspecified, R30.9 - Painful micturition, unspecified

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

0002-116601-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 0005-136504-1021, SCOPINAL , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM Co.Pay, 9.01, Free Follow-Up Consultation Gp , General Consultation

Doctor's Name: Humaira

signature with seal:

Dr. Humaira Mumta
 General Practitioner
 DHA No: 54155530-00
 CITICARE MEDICAL CENTRE
 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 above 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 consultation, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 06-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)