

## ANNEXURE V

## 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

Nationality: Portuguese

Date: 04-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-3691860-3

Card Holder's RAFAEL ALEXANDRE NUNES DE 30Y - 10M -13D

Name: **ALMEIDA** 

Card Holder's Tel No: Mobile No:

Diagnosis: L02.619 - Cutaneous abscess of unspecified foot

Ins Card No: 1038-010-121163103-01 Valid Upto: 16/6/2025

Company **FMC Standard Employee** 

Network Name: No:



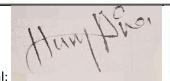
Clinical Details: B.P. Temp Pulse. Signs & Symptoms: Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follov

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

9, Consultation Gp, General Consultation

Doctor's Name: Humaira signature with seal:



Dr. Humaira M **General Practi** CITICARE MEDICAL (

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, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 04-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CLARITHROMYCIN : 500 MG MODIFIED RELEASE TABLETS	MODIFIED RELEASE TABLETS (7S, BLISTER PACK	5	5
(MELOXICAM : 15 MG CAPSULES	CAPSULES (30S, BLISTER	5	5
(CELECOXIB: 100 MG CAPSULES	CAPSULES (20S, BLISTER PACK	5	10
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	5	5