

**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-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-2000-3107550-8

Card Holder's Name: SAGAR MANDALA LAXMAN

Age: 24Y - 10M -

Sex: Male

Name: MANDALA

Age: 11D

Card Holder's Tel No:

Mobile No:

0561324801

Ins Card No: I019-010-118331633-01

Valid Upto: 7/6/2025

Company Name: FMC Standard Network Employee No: _____ Nationality: Indian



Clinical Details:

Temp 37.4

B.P. 130

Pulse. 88

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, R10.30 - Lower abdominal pain, unspecified, R50.9 - Fever, unspecified Dehydration

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0005-136504-10
 SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TC
 Co.Pay,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 condition and medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 06-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

