

**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: 784-1994-3691860-3

Card Holder's Name: RAFAEL ALEXANDRE NUNES DE ALMEIDA Age: 30Y - 10M - 24D Sex: Male

Card Holder's Tel No: Mobile No: 971543542442

Ins Card No: I038-010-121163103-01 Valid Upto: 16/6/2025

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



Clinical Details:	Temp	B.P.	Pulse.
Signs & Symptoms:			
Date of Onset Illness :		☐ Emergency ☐ Work related ☐ New visit ☐ Follow up	
Diagnosis: L02.619 - Cutaneous abscess of unspecified foot			

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

51.02, Non-Surgical Cleansing With Surgical Dressing Between 16 Sq Inches / 100 Sq Centimeters And 48 Sq Inches / 300 Sq Centimeters
 General Consultation, 9.01, Free Follow-Up Consultation Gp , General Consultation

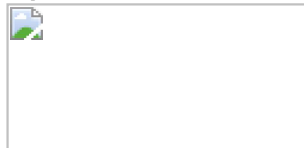
Doctor's Name: Humaira	signature with seal:		Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTRE DUBAI - U.A.E.
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Diagnostic Procedures referred outside:

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, 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)