

## 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

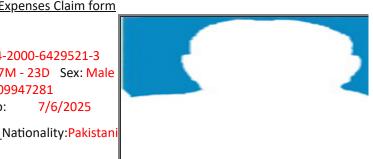
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-6429521-3 Card Holder's Name: 70HAIB RIA7 AHMAD RIA7 Age: 24Y - 7M - 23D Sex: Male

Card Holder's Tel No: 0509947281 Mobile No: Ins Card No: 1019-010-118236023-01 Valid Upto: 7/6/2025

Company FMC Standard **Employee** 

Name: Network No:



Clinical Details: Temp36.4 B.P.120 Pulse. 69 Signs & Symptoms: RISK OF FALL Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow up Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J01.90 - Acute sinusitis, unspecified, J30.9 - Allergic rhinitis, unsp R50.9 - Fever, unspecified, K29.00 - Acute gastritis without bleeding, R11.10 - Vomiting, unspecified

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-149902-1021, CLOFEN , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /I 1 HR, Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV, Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAM

MG/ML) SOLUTION FOR INFUSION, Pharmacy,0005-174202-0781, RISEK 40MG, P Co.Pay,9, Consultation Gp, General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

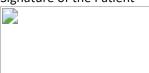
Dr. Enomen Goodluck I **General Practitioner** DHA No: 28040827-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.

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 abo 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 con medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 09-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	7	14

Medicine	Dose	Duration	Quantity
(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	6	24
(LORATADINE : 5 MG) (PSEUDOEPHEDRINE SULPHATE : 120 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	4	24
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	5