

**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: 17-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-9027424-6

 Card Holder's Name: JASPER VIJAYA KUMAR CHRISTY BAI
 Age: 26Y - 2M - 10D Sex: Male

Card Holder's Tel No: Mobile No: 0563568343

Ins Card No: I019-010-121028803-01 Valid Upto: 7/6/2025

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



Clinical Details:	Temp	B.P.	Pulse.
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up		
Diagnosis:			

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

9.01, Free Follow-Up Consultation Gp , General Consultation

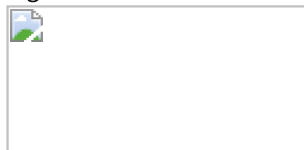
Doctor's Name: SANDIA signature with seal:	
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Diagnostic Procedures referred outside:

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

Signature of the Patient

Date 17-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)