

## 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: 22-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-3863979-8

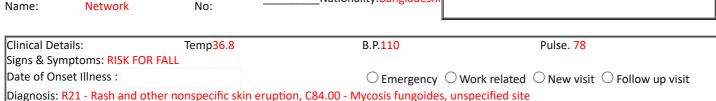
Card Holder's MD MOSAROF HOSSAIN MD
Name: JAHANGIR

25Y - 0M Age: 22D
Sex:Male

Card Holder's Tel No: Mobile No: 0545362547
Ins Card No: 1019-010-118022354-01 Valid Upto: 7/6/2025

Company FMC Standard Employee

Nationality:Bangladeshi



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

0046-111801-0511, (CHLORPHENIRAMINE: 10 MG) INJECTION, Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,9, Consultation Gp.

Hun/Dre

Dr. Humaira Mumtaz General Practitioner Dha No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.

Doctor's Name: Humaira signature with seal:

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 any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 22-Jan-2025



## Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(FLUCONAZOLE : 150 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (1S, BLISTER PACK	5	5	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10	0.0000
(TERBINAFINE (AS HCL : 1% CREAM	CREAM (15G, TUBE	1	1	23.0000