

## M C NETWORK UAE

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Medical Expenses Claim form Date: 23-Jan-2025 Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-0762064-3 GAGAN SINGH RAWAT GAJENDER SING Card Holder's Sex:Male Name: **RAWAT** Card Holder's Tel No: Mobile No: 0561325969 Ins Card No: 1019-010-118802224-01 Valid Upto: 7/6/2025 Company Name: FMC Standard Network Employee No: Nationality: Indian Clinical Details: Pulse. 101 B.P.121 Temp36.9 Signs & Symptoms: RISK OF FALL Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow up Diagnosis: L02.91 - Cutaneous abscess, unspecified, R50.9 - Fever, unspecified, R52 - Pain, unspecified 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 Centi General Consultation,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96 THER/PROPH/DIAG INJ SC/IM , Co.Pay,9.01, Free Follow-Up Consultation Gp , General Consultation Dr. Humaira Mumta DHA No: 54155530-00 CITICARE MEDICAL CENTE 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 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 23-Jan-2025 Pharmaceuticals (to be filled by treating doctor only)