

## ANNEXURE V **FMCNETWORKUAE**

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email - approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Date: 01-F	eb-202	
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 Date: 01-Feb-2025

 Clinic Name:
 CITICARE MEDICAL CENTER LLC
 Emirates:
 784-2000-6657774-1

 Card Holder's Name:
 MOHAMED SHIZAN KAREEM
 Age: 24Y - 7M - 23D
 Sex: Male

 Card Holder's Tel No:
 Mobile No:
 0561783451
 Valid Upto:
 7/6/2025

 Ins Card No:
 I019-010-118887590-01
 Valid Upto:
 7/6/2025

 Company
 FMC Standard
 Employee
 Nationality:



Name:	Network	No:	Nationality:Lankan			
Clinical Deta		Temp36.7	B.P.126	Pulse	e. 76	
Date of Ons		specified shoulder, R52	○ Emergency ○ Work related ○ New visit ○ Follow up visit			
		·	g injections and investigations)			
	ion Gp , General Cor		<u> </u>			
Doctor's Na	ame: Humaira		signature with seal:	an/ Pro.	Dr. Humaira Mumtaz General Practitioner DHA Nr. 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	
Diagnostic P	rocedures referred o	outside:				
mentioned e person who	examination/Investig has provided medica rices and copies of al Signature o	ation/therapy is given	to file a claim for medical services to me by the doctor. I hereby auth rnish any and all information with r cords.	orize any Clinic, Phys	ician, Pharmacy or any other	

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

Medicine	Dose	Duration	Quantity	Price				
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	10	0.0000				
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	10	0.0000				
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	1	0.0000				