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: 04-Feb-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-2027746-0
Card Holder's Name: MOHIT KUMAR NARESH CHANDRA Age: 29Y - 7M - 10D Sex: Male
Card Holder's Tel No: Mobile No: 0564670216
Ins Card No: I005-010-117742793-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.8 B.P. 140 Pulse. 102
Signs & Symptoms: risk of fall
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: M54.5 - Low back pain, R51.9 - Headache, unspecified

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

84550, ASSAY OF BLOOD/URIC ACID , Lab,82465, ASSAY BLD/SERUM CHOLESTEROL , Lab,0078-149902-1022, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
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 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 04-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(NAPROXEN : 500 MG TABLETS	TABLETS (10S, BLISTER PACK	7	14	1.2500
(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	7	14	0.0000
(OMEPRAZOLE : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (28S, BOTTLE	7	7	0.0000