

ANNEXURE V

C NETWORK UAE

P. O. BOX: 50430, DUBAI, P. O. BOX: 127452, ABU DHABI Tel - 04 3977841, Fax - 04 3977842

Email - claims@fmchealthcare.ae Toll Free: 800 3426

Reimbursement Medical Expenses Claim form

(Emergency Only)

Date: (07 -l	Fel	b-2	025
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-6369543-4 Card Holder's Name: CEL JOHN NICOPIOR RIOBUYA Age: 25Y - 11M - 25D Sex: Male

Mobile No: 5565484824 Card Holder's Tel No: 1005-010-121925255-01 Valid Upto: 30/9/2025 Ins Card No:

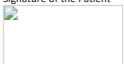


Name:	Network	No: —	Nationality:Philippine		
Clinical Detai		Temp <mark>36.6</mark>	B.P.150	Pulse. 84	
, ,	otoms: RISK FOR FALL				
Date of Onset Illness :			○ Emergency ○ Wo	ork related O New visit O Follow up visit	
Diagnosis: Z8	37.440 - Personal histo	ory of urinary (tract) ir	nfections	· 	
Manageme	nt plan (Services insid	de the clinic including	injections and investigations)		
96365, IV INF	USION THERAPY/PRO	OPHYLAXIS /DX 1ST TO	1 HR , Co.Pay		
				Lala:	
Doctor's Na	me: Enomen Goodlud	ck	signature with seal:	<u>/</u>	
Diagnostic Pr	rocedures referred ou	itside:			
I hereby auth	orize the physician, F	lospital or pharmacy t	o file a claim for medical services on	n my behalf and I confirm that the above-	
				ze any Clinic, Physician, Pharmacy or any ot	her

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 07-Feb-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(SODIUM BICARBONATE : 1.76G (SODIUM CITRATE ANHYDROUS : 0.63G (TARTARIC ACID : 0.89G (CITRIC ACID ANHYDROUS : 0.715 G EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET	7	14	0.0000
(CIPROFLOXACIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	14	0.0000
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14	0.7500