

**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

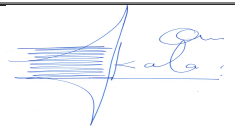
Date: 11-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-2652787-4
Card Holder's Name: PRIYA SAHU ARUN KUMAR SAHU Age: 27Y - 4M - 29D Sex: Female
Card Holder's Tel No: Mobile No: +919630911307
Ins Card No: I005-010-118997977-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian



Clinical Details:	Temp 37	B.P. 113	Pulse. 75
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: E86.0 - Dehydration, R51.9 - Headache, unspecified			

Management plan (Services inside the clinic including injections and investigations)
0005-149902-1021, CLOFEN , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 9, Consultation Gp , General Consultation

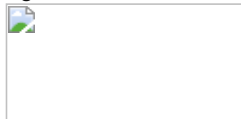
Doctor's Name: Enomen Goodluck	signature with seal:	 Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.
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Diagnostic Procedures referred outside:

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 11-Feb-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	7	21	0.0000
(DICLOFENAC SODIUM : 50 MG TABLETS	TABLETS (20S, BLISTER PACK	7	14	1.1500