

## ANNEXURE V

## **FMCNETWORK 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	1-Fe	b-20	)25
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-4268164-7
Card Holder's Name: BILAL ALI MUSHTAQ ALI Age: 27Y - 1M - 3D Sex: Male

Card Holder's Tel No: Mobile No: 0588764213
Ins Card No: 1020-010-117121103-03 Valid Upto: 27/4/2025

Company FMC Standard Employee Name: Network No: \_\_\_\_\_Nationality:Pakistan



Clinical Details:	Temp <mark>36</mark>	B.P.142	Pulse. <mark>86</mark>		
Signs & Symptoms: risk o	of fall				
Date of Onset Illness :		○ Emergency ○ Work related ○ New visit ○ Follow up visit			
Diagnosis: N39.0 - Urinar	ry tract infection, site not specif	fied, R50.9 - Fever, unspecified			
Management plan (Ser	vices inside the clinic including	injections and investigations)			
96360, HYDRATION IV IN	FUSION INIT, Co.Pay,0102-152	902-1001, LACTATED RINGERS INJE	CTION USP-(CALCIUM CHLORIDE : N/A)		
(POTASSIUM CHLORIDE:	N/A) (SODIUM CHLORIDE: N/A	A) (SODIUM LACTATE : N/A) SOLUTI	ON FOR INFUSION, Pharmacy,0195-107704-		
0802, CEFTRIAXONE-TAB	UK IM , Pharmacy,0005-136504	1-1021, SCOPINAL, Pharmacy,9637	2, THER/PROPH/DIAG INJ SC/IM, Co.Pay,81015,		
MICROSCOPIC EXAM OF THERAPY/PROPHYLAXIS	URINE , Lab,9.01, Free Follow-l /DX 1ST TO 1 HR , Co.Pay	1 7	Dr. Amaizah Ishtiaq General Practitioner DHA: 98486553-001 CITICARE MEDICAL CENTER		
Doctor's Name: DR Ama	aizah	signature with seal:	DUBAI - U.A.E		

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)