

## 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: 24-Feb-2025	)
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-8944541-3 Card Holder's Name: MOHAMED SAFNI NIZAM Age: 24Y - 3M - 23D Sex: Male

0565727014 Card Holder's Tel No: Mobile No: Ins Card No: 1005-010-120076119-01 Valid Upto: 30/9/2025 FMC Standard Company Employee \_\_Nationality: Lankan Name: Network No:



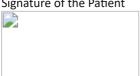
Clinical Details:	Temp <mark>37.4</mark>	B.P.105	Pulse. 100		
Signs & Symptoms:					
Date of Onset Illness:		○ Emergency ○ Work related ○ New visit ○ Follow up visit			
Diagnosis: J06.9 - Acute u	pper respiratory infection, un	specified, R05 - Cough, R52 - Pain,	unspecified		
Management plan (Serv	ices inside the clinic including	; injections and investigations)			
0102-152902-1001, LACTA	ATED RINGERS INJECTION USP	, Pharmacy,96365, IV INFUSION T	HERAPY/PROPHYLAX	XIS /DX 1ST TO 1 HR ,	
Co.Pay,0125-122107-1022	, DEXAMETHASONE SODIUM	PHOSPHATE, Pharmacy,0005-149	902-1021, CLOFEN,	Pharmacy,0195-107704-	
0801, CEFTRIAXONE-TABL	IK IV , Pharmacy,96360, HYDR	ATION IV INFUSION INIT , Co.Pay,9	6372, THER/PROPH,	/DIAG INJ SC/IM , Co.Pay,9	
	Consultation,96374, THER/PI		Lala:	Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	
Doctor's Name: Fnomen	Goodlyck	signature with seal:	V	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 abovementioned 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, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 24-Feb-2025



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

Medicine	Dose	Duration	Quantity	Price
(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE HCL : 13.5 MG/5ML SYRUP	SYRUP (120ML, BOTTLE	5	1	0.000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.000
(AMOXICILLIN: 500 MG) (CLAVULANIC ACID: 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.000
(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	15	0.000