

ANNEXURE V

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

7/6/2025

Date: 26-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-3938332-5 Age: 23Y - 11M - 17D **BINOD THADARAI** Card Holder's Name: Sex: Male 0525411818 Card Holder's Tel No: Mobile No:

1019-010-119982751-01 Ins Card No: Valid Upto: **FMC Standard** Company **Employee**

Name: Network No:



Clinical Details: Temp36 B.P.121 Pulse. 86 Signs & Symptoms: risk of fall Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow up visit Diagnosis: S30.812S - Abrasion of penis, sequela, B35.4 - Tinea corporis

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

9, Consultation Gp , General Consultation



Dr. Enomen Goodluck Ekata **General Practitioner** DHA No: 28040827-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.

Doctor's Name: Enomen Goodluck signature with seal:

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, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 26-Feb-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	15	15	0.0000
(TERBINAFINE (AS HCL : 250 MG TABLETS	TABLETS (14S, BLISTER	15	15	5.3600
(FLUCONAZOLE : 150 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (1S, BLISTER	15	4	0.0000
(TERBINAFINE (AS HCL : 1% GEL (EMULSION	GEL (EMULSION (15G, TUBE	15	2	14.5000