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: 28-Feb-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-6152263-4
Card Holder's Name: KHAMIS YACOUT YOUSSEF ELNKITY Age:29Y - 8M - 2D Sex:Male
Card Holder's Tel No: Mobile No: 0551328219
Ins Card No: I019-010-121885618-01 Valid Upto: 7/6/2025
Company Name:FMC Standard Network Employee No:_____ Nationality:Egyptian

Clinical Details: Temp36 B.P.136 Pulse. 84
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J45.991 - Cough variant asthma, R50.9 - Fever, unspecified

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

94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,9, Consultation Gp , General Consultation

Doctor's Name: Humaira signature with seal:

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
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 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 28-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK	7	7	0.0000
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	7	14	0.0000
(CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS	CAPLETS (24S, BOX	5	10	0.0000
(CEFPODOXIME (AS PROXETIL) : 200 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER)	5	5	0.0000
(BUDESONIDE : 160 MCG (FORMOTEROL FUMARATE : 4.5 MCG SUSPENSION FOR INHALATION	SUSPENSION FOR INHALATION (120 ACTUATIONS, CANISTER	10	40	186.5000