



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: 02-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-9726651-0

Card Holder's Name: ABDUL QADIR KHAN NAZIR HASAN KHAN Age: 36Y - 9M - 20D Sex: Male

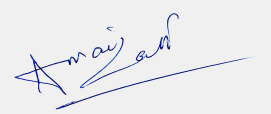
Card Holder's Tel No: Mobile No: 0503419834

Ins Card No: I019-010-118525674-01 Valid Upto: 7/6/2025

Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details:	Temp 37.9	B.P. 130	Pulse. 84
Signs & Symptoms:	Risk of Fall		
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J45.991 - Cough variant asthma, R50.9 - Fever, unspecified, R52 - Pain, unspecified			

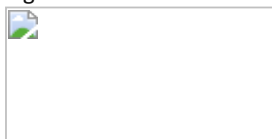
Management plan (Services inside the clinic including injections and investigations)	
94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,86060, ANTISTREPTOLYSIN O TITER , Lab,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ IV PUSH , Co.Pay	
Doctor's Name: DR Amaizah	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 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 02-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)