ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-5656

Medical Expenses Claim form

Date: 03-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1985-8106968-3
Card Holder's Name: MOHSEN ALI ASGHAR NASERI Age: 39Y - 6M - 12D Sex: Male
Card Holder's Tel No: Mobile No: 0508090199
Ins Card No: I011-010-116030849-01 Valid Upto: 19/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Iranian

Clinical Details: Temp36.6 B.P.140 Pulse. 70
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R50.9 - Fever, unspecified, R53.1 - Weakness, J30.9 - Alle
unspecified, K29.00 - Acute gastritis without bleeding

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 M
FOR INFUSION , Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTIO
135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,96372, THER/PRO
Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHA
Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,96365, IV INFUS
Co.Pay,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P. , Pharmacy,9464
Consultation Gp , General Consultation,96360, HYDRATION IV INFUSION INIT , Co.

Doctor's Name: Humaira signature with seal:

Dr. H
Ge
DHA
CITICARE

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 th
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pha
person who has provided medical services to me to furnish any and all information with regard to any medical history,
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 03-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration
(AMOXICILLIN : 250 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7

Medicine	Dose	Duration
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	5
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	7
(ACETYLCYSTEINE : 600 MG EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (10S, TUBE	5