



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: 10-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-2758002-0

Card Holder's Name: TEYASHA PAL NARAYAN PAL Age: 26Y - 9M - 15D Sex: Female

Card Holder's Tel No: Mobile No: 0545462485

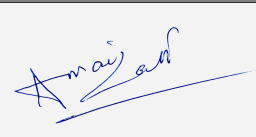
Ins Card No: I019-010-119814474-01 Valid Upto: 7/6/2025

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



Clinical Details:	Temp	B.P.	Pulse.
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: D50.9 - Iron deficiency anemia, unspecified, E86.0 - Dehydration, K29.00 - Acute gastritis without bleeding			

Management plan (Services inside the clinic including injections and investigations)
0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,9.01, Free Follow-Up Consultation Gp , General Consultation

Doctor's Name: DR Amaizah	signature with seal:	 Dr. Amaizah Ishtiaq General Practitioner DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E
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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 10-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(IRON AS IRON PYROPHOSPHATE : 30 MG (VITAMIN C : 120 MG (PHOSPHATIDYLCHOLINE : 160 MG (SOY LECITHIN : 50 MG CAPSULES	CAPSULES (30S, PETE BOTTLE	30	30	0.0000