

## 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

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Date:	-111	I 1_I	NZ	וכו	r_ /	4 1	1 / 5
Date.		U-1	ıvı	ıaı	-2	u	

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:	Temp36	B.P.117	Puls	e. <mark>86</mark>
Signs & Symptoms: RISK OF FA	LL			
Date of Onset Illness:		○ Emergen	cy ○ Work related ○ Ne	w visit O Follow up visit
Diagnosis: D50.9 - Iron deficie	ncy anemia, unspecifie	d, E86.0 - Dehydration, K29.00	O - Acute gastritis without b	oleeding
•				
Management plan (Services	inside the clinic includi	ng injections and investigation	ns)	
0102-152902-1001, LACTATED	RINGERS INJECTION U	SP , Pharmacy,96361, HYDRAT	TE IV INFUSION ADD-ON , C	o.Pay,9.01, Free Follow-Up
Consultation Gp , General Con	sultation			
Dogtor's Names DD Asscirate			trail and	Dr. Amaizah Ishtiaq General Practitioner DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E
Doctor's Name: DR Amaizah		signature with seal:		271222 271 221

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				