

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: 17-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2002-7637070-5

Card Holder's ABHISHEK KUMAR VINAY KUMAR Sex:Male

Age: 23Y - 0M - 12D SINGH Name:

Card Holder's Tel No: Mobile No: 971528501605 Ins Card No: 1005-010-119959937-01 Valid Upto: 30/9/2025 Company Name: FMC Standard Network Employee No: ______ __ Nationality: Indian



Clinical Details:	Temp <mark>36.5</mark>	B.P.148	Pulse. <mark>89</mark>
Signs & Symptoms:			
Date of Onset Illness :		○ Emergency ○ Wo	ork related O New visit O Follow up visit
Diagnosis: E78.5 - Hype unspecified	rlipidemia, unspecified, R03.0) - Elevated blood-pressure reading, w/o	o diagnosis of htn, R07.9 - Chest pain,

Management plan (Services inside the clinic including i	njections and investigation	ns)	
93000, ELECTROCARDIOGRAM COMPLETE, Co.Pay,9, Co	nsultation Gp , General Co	nsultation	
Doctor's Name: DR Amaizah	signature with seal:	trail and	Dr. Amaizah Ishtiaq General Pracitioner DHA: 98486553-001 CITICARE MEDICAL CENTER 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 abovementioned 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 17-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

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Medicine	Dose	Duration	Quantity	Price		
(ROSUVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	30	30	0.0000		
(AMLODIPINE (AS BESYLATE : 5 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (28S, BLISTER	10	10	0.9300		
(DAPAGLIFLOZIN (AS PROPANEDIOL : 10 MG (METFORMIN HCL : 1000 MG EXTENDED RELEASE TABLETS	EXTENDED RELEASE TABLETS (30S, BLISTER	15	15	9.8000		
(VITAMIN D3 : 400 IU) (MAGNESIUM : 48 MG) (ZINC : 3.4 MG) (VITAMIN K2 : 90 MCG) (CALCIUM : 320 MG) TABLETS	TABLETS (60S, BLISTER)	30	30	0.0000		