



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

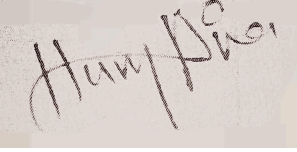
Date: 19-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1972-6585952-6
Card Holder's Name: MONIA BEN NEJMA EP ALIJABI Age: 52Y - 3M - 9D Sex: Female
Card Holder's Tel No: Mobile No: 0501465907
Ins Card No: I038-010-118639628-01 Valid Upto: 1/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Tunisian



Clinical Details: Temp 36.5 B.P. 105 Pulse. 74
Signs & Symptoms:
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R52 - Pain, unspecified, R05 - Cough

Management plan (Services inside the clinic including injections and investigations)
85027, COMPLETE CBC AUTOMATED , Lab, 0006-402803-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING :
Pharmacy, 94640, AIRWAY INHALATION TREATMENT , Co. Pay, 9, Consultation Gp , General Consultation

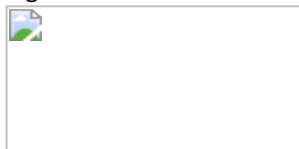
Doctor's Name: Humaira signature with seal: 


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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or 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 19-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	7	1
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	7	21

Medicine	Dose	Duration	Quanti
(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	7	14
(DICLOFENAC SODIUM : 50 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	14