

ANNEXURE V

F M C NETV

P. O. BOX: 50430, DUBAI, Tel – Email – approval@fmchealthcare.ae

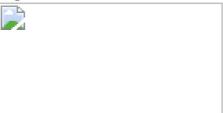
Medical Expenses Claim for

			<u>iviedicai Expe</u>	enses Claim for
Card Holder's Card Holder's Ins Card No: Company	CITICARE MEDICAL Name: MEHW	<mark>ISH SABA</mark> Age Mobile No	Valid Upto:	Sex: Female 51939
Clinical Detail Signs & Symp		Temp36.9		B.P.100
Date of Onset				○ Emergeno
Diagnosis: R1	0.9 - Unspecified ab	dominal pain, R52	2 - Pain, unspecifi	ed, R03.1 - Non
0005-136504	nt plan (Services insi -1021, SCOPINAL , P DPHYLAXIS /DX 1ST T ultation	harmacy,0102-15	2902-1001, LACTA	ATED RINGERS I
Doctor's Nar	me: <mark>Humaira</mark>		signat	ure with seal:
Diagnostic Pro	ocedures referred ou	utside:		

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical sementioned examination/Investigation/therapy is given to me by the doctor. I hereby person who has provided medical services to me to furnish any and all information medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 22-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose
(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (20
(CIPROFLOXACIN: 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (10
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)