



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: 28-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-9027424-6

Card Holder's Name: JASPER VIJAYA KUMAR CHRISTY BAI VIJAYA KUMAR Age: 26Y - 4M - 21D Sex: Male

Card Holder's Tel No: Mobile No: 0563568343

Ins Card No: I019-010-121028803-01 Valid Upto: 7/6/2025

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



Clinical Details: Temp 36.2 B.P. 133 Pulse. 71

Signs & Symptoms:

Date of Onset Illness : Emergency Work related New visit Follow

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified

Management plan (Services inside the clinic including injections and investigations)

9, Consultation Gp , General Consultation

Doctor's Name: Humaira

signature with seal:

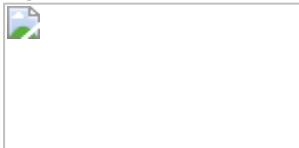
Dr. Humaira M
General Practitioner
DHA No: 541555
CITICARE MEDICAL I
DUBAI - U.A.E

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy 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 28-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	5	10
(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	10