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

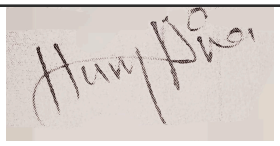
Date: 04-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1977-3652195-2
Card Holder's Name: MONICA MWIKALI MUNYAO Age: 47Y - 8M - 8D Sex: Female
Card Holder's Tel No: Mobile No: 0543831977
Ins Card No: I019-010-115341080-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No:_____ Nationality: Kenyan

Clinical Details: Temp36.6 B.P.154 Pulse. 79
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R07.0 - Pain in throat, R52 - Pain, unspecified

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

85027, COMPLETE CBC AUTOMATED , Lab,0188-135906-2441, PULMICORT , Pharmacy,9, Consultation Gp , General Consultation,94640, AIRWAY INHALATION TREATMENT , Co.Pay

Doctor's Name: Humaira signature with seal:



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
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 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 04-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.0000
(PHENYLEPHRINE (SYSTEMIC) : N/A) (CAFFEINE : N/A) (PARACETAMOL : N/A) CAPLETS	CAPLETS (24S, BLISTER PACK)	5	15	0.0000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	5	0.0000
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1	0.0000
(AZELASTINE HCL : 1 MG/G) (FLUTICASONE PROPIONATE : 0.365 MG/G) SUSPENSION FOR NASAL SPRAY	SUSPENSION FOR NASAL SPRAY (23G, AMBER GLASS BOTTLE+SPRAY PUMP+NASAL APPLICATOR)	5	1	0.0000