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

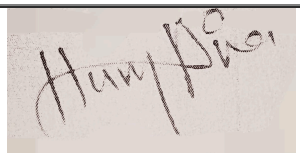
Date: 07-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2003-2199378-2
Card Holder's Name: SAI REDDY REGALLA MOHAN REDDY REGALLA Age: 21Y - 11M - 8D Sex: Male
Card Holder's Tel No: Mobile No: 0561836687
Ins Card No: I019-010-121525242-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.9 B.P. 132 Pulse. 119
Signs & Symptoms: risk of fall
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up v
Diagnosis:

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

0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Humaira signature with seal:



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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 above mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or an person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cond medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 07-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	5	15
(DICLOFENAC ACID : 46.5MG) DISPERSIBLE TABLETS	DISPERSIBLE TABLETS (20S, BLISTER PACK)	5	10