

**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: 12-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-2195842-4
Card Holder's Name: WEJDANE BEN RHOUMA Age: 24Y - 9M - 3D Sex: Female
Card Holder's Tel No: Mobile No: 0567727375
Ins Card No: I005-010-119231691-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Tunisian



Clinical Details: Temp 36.8 B.P. 120 Pulse: 86
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: R11.2 - Nausea with vomiting, unspecified, R03.1 - Nonspecific low blood-pressure reading, R42 - Dizziness and giddiness, R51.9 - Headache, unspecified, D50.9 - Iron deficiency anemia, unspecified

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

0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 96360, HYDRATION IV INFUSION INIT , Co.Pay, 82948, REAGENT STRIP/BLOOD GLUCOSE , Lab, 0005-149902-1021, CLOFEN , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah

signature with seal:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
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 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 12-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	30	30	0.0000
(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	3	0.0000