



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: 30-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-8951965-1
Card Holder's Name: JIBIN SEBASTIAN SIBI NEENDOOR Age: 27Y - 9M - 16D Sex: Male
Card Holder's Tel No: Mobile No: 0509337531
Ins Card No: I005-010-119379227-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 37.9 B.P. 140 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: R21 - Rash and other nonspecific skin eruption, T78.40XS - Allergy, unspecified, sequela, B01.9 - Varicella without complications

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

0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 0005-1021, CLOFEN , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 85027, COMPLETE CBC AUTOMATED , Lab, 9, Consultation & General Consultation

Doctor's Name: Dr. Farhan Ilyas

signature with seal:

Dr. Farhan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
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 person who has provided medical services to me to furnish any and all information with regard to any medical history, medical conditions, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	10	20	0.00
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	10	20	0.00
(FUSIDIC ACID : 2%) CREAM	CREAM (15G, COLLAPSIBLE TUBE)	10	1	0.00