

## 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: 02-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-2320784-2

Age: 26Y - 9M -Card Holder's KUMAR SAURABH AJAY KUMAR

Name: **PANDEY** 

Card Holder's Tel No: Mobile No: 0529003447 Ins Card No: 1019-010-118490158-01 Valid Upto: 7/6/2025 \_\_\_\_\_Nationality: Indian Company Name: FMC Standard Network Employee No: \_\_\_



Clinical Details:	Temp36.6	B.P.120	Pulse. <mark>76</mark>				
Signs & Symptoms: risk of fall							
Date of Onset Illness :		○ Emergency ○ Wo	rk related O New visit O Follow up visit				
Diagnosis: M62.830 - Muscle spasm of back, S13.8XXA - Sprain of joints and ligaments of oth prt neck, init encntr							

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0005-149902-1022, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,9, Consultation Gp, General Consultation

Dr. Amaizah Ishtiaq General Practitioner DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E

signature with seal: Doctor's Name: DR Amaizah

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 abovementioned 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 02-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CELECOXIB : 200 MG) CAPSULES	CAPSULES (30S, BLISTER PACK)	7	14	0.0000
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	5	0.0000