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: 06-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-6693702-1
Card Holder's Name: RAJAB MABERI Age: 33Y - 6M - 11D Sex: Male
Card Holder's Tel No: Mobile No: 0581933015
Ins Card No: I005-010-121632954-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Ugandan

Clinical Details: Temp39 B.P.130 Pulse. 98
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: R50.9 - Fever, unspecified, A09 - Infectious gastroenteritis and colitis, unspecified, A01.00 - Typhoid fever, unspecified, E86.0 - Dehydration, R52 - Pain, unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96375, TX/PRO/DX INJ NEW DRUG ADDON , Co.Pay,0005-136504-1021, SCOPINAL , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,9, Consultation Gp , General Cons ay

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

Doctor's Name: DR Amaizah signature with seal:

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 06-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CIPROFLOXACIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	14	0.0000
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	3	9	0.0000
(NAPROXEN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	6	0.0000