

**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 formDate: **15-May-2025**Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1982-6393254-7**Card Holder's Name: **ROLAND SEBASTIAN DSILVA DSILVA** Age: **42Y - 11M - 1D** Sex: **Male**Card Holder's Tel No: Mobile No: **0505083098**Ins Card No: **I005-010-116223049-01** Valid Upto: **30/9/2025**Company Name: **FMC Standard Network** Employee No: Nationality: **Indian**Clinical Details: Temp **36.8** B.P. **142** Pulse. **68**Signs & Symptoms: **RISK OF FALL**Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ FollowDiagnosis: **I10 - Essential (primary) hypertension, K25.3 - Acute gastric ulcer without hemorrhage or perforation, K30 - Functional dyspepsia, R10.9 - Unspecified abdominal pain**Management plan (Services inside the clinic including injections and investigations)

93000, ELECTROCARDIOGRAM COMPLETE , Co.Pay,1119-693601-4031, (OMEPRazole (AS SODIUM) : 40 MG) POWDER FOR S
INFUSION , Pharmacy,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PROP
1ST TO 1 HR , Co.Pay,0005-136504-1021, SCOPINAL , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation
Consultation,96360, HYDRATION IV INFUSION INIT , Co.Pay,96374, THER/PROPH/D

Doctor's Name: **Dr.Farhan Iyas**

signature with seal:

Dr .Farhan Ilyas
 Physician-General P
 DHA-0644178
 CITICARE MEDICAL
 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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date **15-May-2025**

Pharmaceuticals (to be filled by treating doctor only)