



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: 20-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1972-5937921-8
 Card Holder's Name: NYOMAN SUMERINI Age: 52Y - 8M - 7D Sex: Female
 Card Holder's Tel No: Mobile No: 0509974194
 Ins Card No: I005-010-116122287-01 Valid Upto: 30/9/2025
 Company: FMC Standard Employee No: _____ Nationality: Indonesian
 Name: Network



Clinical Details: Temp 37 B.P. 127 Pulse. 76
 Signs & Symptoms: risk of fall
 Date of Onset Illness : _____
☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
 Diagnosis: R10.9 - Unspecified abdominal pain, R12 - Heartburn, K29.00 - Acute gastritis without bleeding

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

0005-136504-1021, SCOPINAL , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 9,
 Consultation Gp , General Consultation, 1217-605301-4081, (ESOMEPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR SOLUTION FOR
 INJECTION/ INFUSION , Pharmacy

Doctor's Name: AISHA

signature with seal:

Dr. Aisha Umer
 Physician- General Practitioner
 DHA- 40131439-002
 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 20-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	14	2.2900
(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	5	5	0.1300
(SIMETHICONE : 42 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER)	5	10	0.0000
(ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS	CHEWABLE TABLETS (12S, BOX)	10	20	0.0000