



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: 22-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-2656768-4
 Card Holder's Name: AHMAD JAMAL QAISAR KHALIL Age: 31Y - 11M - 16D Sex: Male
 Card Holder's Tel No: Mobile No: 0522795599
 Ins Card No: I019-010-118620467-01 Valid Upto: 7/6/2025
 Company: FMC Standard Employee No: Nationality: Pakistani
 Name: Network



Clinical Details: Temp 37.8 B.P. 150 Pulse: 82
 Signs & Symptoms: RISK FOR FALL
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
 Diagnosis: M54.5 - Low back pain, R50.9 - Fever, unspecified, R53.1 - Weakness, R51.9 - Headache, unspecified, R52 - Pain, unspecified

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

85027, COMPLETE CBC AUTOMATED , Lab, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 0005-149902-1021, CLOFEN , Pharmacy, 9, Consultation Gp , General Consultation, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

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 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 22-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	5	15	0.0000
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000