

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: 03-Jun-2025								
Clinic Name: CITICARE I	MEDICAL CENTER LLC	Emirates:	784-1988-	1594872-8				
Card Holder's Name:	MICHELLE SABALAN	Age: 37Y - 0)M - 11D	Sex: Female				
Card Holder's Tel No:	Mobile I	No:	05691328	82				

Ins Card No: 1005-010-119448945-01 Valid Upto: 30/9/2025



Company Name:	FMC Standard Network	Employee No: —	Nationality:Philippine	7	
Clinical Deta		Temp	B.P.	Pulse	
Date of Ons			○ Emergency	○ Work related ○ New	v visit O Follow up visit
Diagnosis: N	93.9 - Abnormal uteri	ne and vaginal bleedir	ng, unspecified, N77.1 - Vagin		-
	ent plan (Services insidition Specialist , Gener		injections and investigations)		
Doctor's Na	ame: MOHAMMED M	HAMED	signature with seal:		Dr. Mohammed M Hamed Hashish Specialist Obstetrics And Gynecology DHA No: 75385955-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.
Diagnostic P	rocedures referred ou	tside:			
mentioned e	xamination/Investigat has provided medical ices and copies of all r Signature of t	ion/therapy is given to services to me to furn medical and Clinic reco	•	authorize any Clinic, Physi	

Pharmaceuticals (to be filled by treating doctor only)

Thermaceuticals (to be mice by treating action city)								
Medicine	Dose	Duration	Quantity	Price				
(CLINDAMYCIN: 100 MG) VAGINAL OVULES	VAGINAL OVULES (3S, STRIP + APPLICATOR)	3	3	0.0000				
(ACYCLOVIR : 200 MG) TABLETS	TABLETS (25S, BLISTER PACK)	15	45	4.6000				
(FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (1S, BLISTER PACK)	3	3	0.0000				
(DOXYCYCLINE: 100 MG) TABLETS	TABLETS (10S, BLISTER PACK)	10	20	0.0000				