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: 10-Jun-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1986-9840947-5
Card Holder's Name: LILIAN KEMUNTO OGEMBO Age: 39Y - 5M - 9D Sex: Female
Card Holder's Tel No: Mobile No: 0562825990
Ins Card No: I019-010-122313903-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No:_____Nationality: Kenyan

Clinical Details: Temp36.6 B.P.125 Pulse. 84
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: R04.0 - Epistaxis, R17 - Unspecified jaundice, D50.9 - Iron deficiency anemia, unspecified, J33.9 - Nasal polyp, unspecified

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
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 10-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(MOMETASONE FUROATE : 50 MCG) NASAL SPRAY PUMP	NASAL SPRAY PUMP (120 DOSE, METERED DOSE INHALER)	7	1	0.0000
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	5	5	0.0000