

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: 12-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-9062771-1 Card Holder's Name: YEABTSEGA BEKELE Age: 31Y - 6M - 29D Sex: Female

Card Holder's Tel No: Mobile No: 0508550276
Ins Card No: I019-010-122016144-02 Valid Upto: 7/6/2026
Company FMC Standard Employee

Company FMC Standard Employee
Name: Network No: _____Nationality:Ethiopian



Clinical Details:	Temp <mark>36.8</mark>	B.P.118	Pulse. 78		
Signs & Symptoms: risk of	fall				
Date of Onset Illness:		○ Emergency ○ Work related ○ New visit ○ Follow up visit			
Diagnosis: J02.9 - Acute ph	aryngitis, unspecified, J30.9 -	- Allergic rhinitis, unspecified, R05 -	Cough, R52 - Pain, unspecified		
Management plan (Servi	ces inside the clinic including	injections and investigations)			
9, Consultation Gp , Gener					
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 refe	erred 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 12-Jun-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	5	10	0.0000
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	10	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	6	0.0000
(AZITHROMYCIN: 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER PACK)	5	10	0.0000