

**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: 18-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1998-5598550-5

Card Holder's ROHIT MADDHESHIYA MUNNA

Age: 27Y - 3M - Sex: Male

Name: MADDHESHIYA

Age: 7D

Card Holder's Tel No:

Mobile No:

0586284157

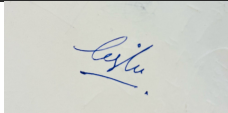
Ins Card No: I005-010-121833427-01

Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: _____ Nationality: Indian



Clinical Details:	Temp 37	B.P. 110	Pulse. 78
Signs & Symptoms:	RISK FOR FALL		
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis:	R21 - Rash and other nonspecific skin eruption, L25.9 - Unspecified contact dermatitis, unspecified cause, R50.9 - Fever, unspecified, R10.9 - Unspecified abdominal pain		

Management plan (Services inside the clinic including injections and investigations)	
0005-111805-1021, CHLORHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation	
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 18-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7	0.0000
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	7	0.0000
(CALAMINE : N/A) TOPICAL LOTION	TOPICAL LOTION (100ML, BOTTLE)	7	14	0.0000