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: 20-Jun-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1992-7526475-4
Card Holder's Name: STEPHANIE ANN MARIE BOBIER MANUEL Age: 33Y - 4M - 0D Sex: Female
Card Holder's Tel No: Mobile No: 562932071
Ins Card No: I005-010-117246733-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Philippine

Clinical Details: Temp 38 B.P. 110 Pulse. 100
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow up visit
Diagnosis: R10.13 - Epigastric pain, K29.00 - Acute gastritis without bleeding, K81.0 - Acute cholecystitis, R50.9 - Fever, unspecified, R11.2 - Nausea with vomiting, unspecified, E86.0 - Dehydration

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

0005-174202-0781, RISEK 40MG , Pharmacy,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0005-136504-1021, SCOPINAL , Pharmacy,0005-150403-1021, (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96360, HYDRATION IV INFUSION INIT , Co

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 20-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE)	7	7	0.0000
(CALCIUM CARBONATE : 80 MG/5ML) (SODIUM BICARBONATE : 133.5 MG/5ML) (SODIUM ALGINATE : 250 MG/5ML) SUSPENSION	SUSPENSION (200ML, BOTTLE)	7	1	0.0000
(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BOX)	3	6	0.0000
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	6	0.0000