

**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: 30-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1981-1044225-2

Card Holder's Name: JARIYA YODTHAISONG

Age: 43Y - 9M - 13D Sex: Female

Card Holder's Tel No:

Mobile No:

0569014667

Ins Card No: I017-010-120120800-01

Valid Upto: 7/11/2025

Company Name: FMC Standard Network 3 Employee No: _____ Nationality: Thai



Clinical Details:

Temp 36.8

B.P. 104

Pulse. 80

Signs & Symptoms: RISK OF FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: J03.90 - Acute tonsillitis, unspecified, R05 - Cough, R51.9 - Headache, unspecified, R07.0 - Pain in throat

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

9, Consultation Gp , General Consultation, 0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 96360, IV INFUSION
HYDRATION INITIAL 31 MIN-1 HOUR , Co.Pay

Doctor's Name: SANDIA

signature with seal:



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 30-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)	5	5	0.0000
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	15	0.0000
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10	0.0000
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	10	10	0.0000