



# ANNEXURE V

# F M C NETWORK UAE

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## Medical Expenses Claim form

Date: 16-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-1594872-8  
Card Holder's Name: MICHELLE SABALAN Age: 37Y - 0M - 24D Sex: Female  
Card Holder's Tel No: Mobile No: 0569132882  
Ins Card No: I005-010-119448945-01 Valid Upto: 30/9/2025  
Company: FMC Standard Employee No: Nationality: Philippine  
Name: Network



Clinical Details: Temp 36.6 B.P. 104 Pulse. 72  
Signs & Symptoms: risk of fall  
Date of Onset Illness :  ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit  
Diagnosis: N77.1 - Vaginitis, vulvitis and vulvovaginitis in dis classd elshwr, N93.9 - Abnormal uterine and vaginal bleeding, unspecified

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

10, Consultation Specialist , General Consultation, 76700, US EXAM ABDOM COMPLETE , Radiology

Doctor's Name: MOHAMMED M HAMED

signature with seal:



Dr. Mohammed M Hamed Hashish  
Specialist Obstetrics And Gynecology  
DHA No: 75385955-001  
CITICARE MEDICAL CENTER LLC  
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 16-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine                                       | Dose                                        | Duration | Quantity | Price  |
|------------------------------------------------|---------------------------------------------|----------|----------|--------|
| (MICONAZOLE : 400 MG) VAGINAL OVULES           | VAGINAL OVULES (3S, STRIP)                  | 7        | 7        | 5.8300 |
| (METRONIDAZOLE : 500 MG TABLETS                | TABLETS (24S, BLISTER PACK                  | 7        | 14       | 0.8100 |
| (CLINDAMYCIN : 300 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (16S, BLISTER PACK) | 8        | 16       | 2.0600 |
| (FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (1S, BLISTER PACK)  | 2        | 2        | 0.0000 |
| (METRONIDAZOLE : 500 MG) TABLETS               | TABLETS (24S, BLISTER PACK)                 | 30       | 1        | 0.0000 |
| (METRONIDAZOLE : 500 MG) FILM COATED TABLETS   | FILM COATED TABLETS (20S, BLISTER PACK)     | 30       | 1        | 0.0000 |