



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: 07-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-2794961-9
Card Holder's Name: NJAU JOEL MUNGAI Age: 41Y - 0M - 20D Sex: Male
Card Holder's Tel No: Mobile No: 0526136782
Ins Card No: I005-010-118780384-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Kenyan



Clinical Details: Temp 36.4 B.P. 134 Pulse. 70
Signs & Symptoms: risk for fall
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: L03.115 - Cellulitis of right lower limb, R52 - Pain, unspecified, R60.0 - Localized edema

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy, 1217-605301-4081, (ESOMEPRazole (AS SODIUM) : 40 MG) POWDER FOR SOLUTION FOR INJECTION/ INFUSION , Pharmacy, 85027, COMPLETE CBC AUTOMATED , Lab, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 9, Consultation Gp , General Consultation

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 07-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	3	0.0000
(CEFIXIME : 200 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (8S, BLISTER PACK)	5	10	0.0000
(PANTOPRAZOLE (AS SODIUM : 40 MG ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (30S, BLISTER	5	5	0.0000
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	3	6	0.0000