

## 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: 11-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1963-1694369-3 Card Holder's Name: REVILSON PAULO FERNANDES Age: 61Y - 6M - 10D Sex: Male

Card Holder's Tel No: Mobile No: 0557890000
Ins Card No: I019-010-115402334-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: \_\_\_\_\_\_\_\_ Nationality: Indian



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Clinical Details:	Temp <mark>36</mark>	B.P.133	Pulse. <b>117</b>					
Signs & Symptoms: Known diabetic since 10 years ago.								
Date of Onset Illness :		○ Emergency ○ Work	○ Emergency ○ Work related ○ New visit ○ Follow up visit					
Diagnosis: R11.2 - Nausea with vomiting, unspecified, E86.0 - Dehydration								
Management plan (Services inside the clinic including injections and investigations)								
0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0005-150403-1021, PREMOSAN , Pharmacy,96365, IV INFUSION								
THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.P								
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Doctor's Name: Dr.Farhan lyas signature with seal:

Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 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 11-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET)	3	3	0.0000