

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

0501617649

7/6/2026

Date:	11-In	I-2025
Date.	 JU	1 2023

Clinic Name: CITICARE MEDICAL CENTER LLC

CHRISTINE JOY RONQUILLO Card Holder's

Name: **BUAN**

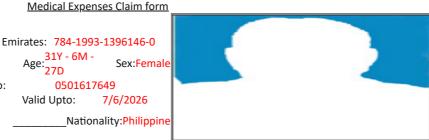
Card Holder's Tel No: Mobile No: Ins Card No: 1019-010-121028772-02 Company **FMC Standard Employee**

Name: Network

_Nationality:Philippine No:

Valid Upto:

Age: 31Y - 6M - 27D



Clinical Details:	Temp <mark>38.1</mark>	B.P. <mark>120</mark>	Pulse. <mark>78</mark>	
Signs & Symptoms: RISK OF	FALL			
Date of Onset Illness:		○ Emergency ○ W	/ork related ○ New visit ○ Follow up visit	
Diagnosis: J02.9 - Acute pha	ryngitis, unspecified, R50.9 -	Fever, unspecified, R51.9 - Headac	che, unspecified, R52 - Pain, unspecified, R53.1	L -
Weakness, R05 - Cough				

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,85027, COMPLETE CBC AUTOMATED , Lab,9, Consultation Gp , General Consultation

Contrant Carline

Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E

Doctor's Name: Dr.Farhan Iyas

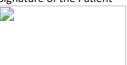
signature with seal:

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 abovementioned 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
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1	0.0000
(PARACETAMOL : 600 MG) (PHENYLEPHRINE HCL : 10 MG) ORAL POWDER	ORAL POWDER (10S, SACHET)	5	15	0.0000
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000