



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: 14-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1978-1027465-0

Card Holder's Name: LEAH MARCELO APOSTOL

Age: 47Y - 2M - 8D Sex: Female

Card Holder's Tel No:

Mobile No:

0525696874

Ins Card No: I005-010-116125800-01

Valid Upto:

30/9/2025

Company FMC Standard

Employee

Name: Network

No:

Nationality: Philippine



Clinical Details:

Temp 36.6

B.P. 114

Pulse: 68

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness :

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

Diagnosis: J02.9 - Acute pharyngitis, unspecified, R51.9 - Headache, unspecified, R50.9 - Fever, unspecified, J30.9 - Allergic rhinitis, unspecified

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

0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab

Doctor's Name: KEERTHANA

signature with seal:



د. كيرثانا راني باديبورايل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مركز سيتيكير الطبي ذم م
CITICARE MEDICAL CENTER LLC

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 14-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	15	0.0000
(PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) FILM COATED TABLETS	FILM COATED TABLETS (72S, BLISTER)	3	6	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	3	0.0000
(POVIDONE IODINE : 1%) MOUTHWASH-SOLUTION	MOUTHWASH-SOLUTION (250ML, PLASTIC BOTTLE)	3	15	0.0000
(LOSARTAN POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30	1	0.0000