



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: 22-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-6414523-1
Card Holder's Name: PANDE KADEK VIKI ADRIANI Age: 25Y - 11M - 6D Sex: Female
Card Holder's Tel No: Mobile No: 0543709876
Ins Card No: I005-010-122176936-01 Valid Upto: 30/9/2025
Company FMC Standard Employee
Name: Network No: Nationality: Indonesian



Clinical Details: Temp 36.6 B.P. 120 Pulse. 78
Signs & Symptoms:
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: R06.00 - Dyspnea, unspecified, R07.89 - Other chest pain, R52 - Pain, unspecified, K29.00 - Acute gastritis without heartburn

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab, 2624-632002-0801, (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) FOR INJECTION , Pharmacy, 93000, ELECTROCARDIOGRAM COMPLETE , Co. Pay, 9, Consultation Gp , General Consultation, 9637 THER/PROPH/DIAG INJ IV PUSH , Co. Pay

Doctor's Name: KEERTHANA

signature with seal:



راني باديورايل ثارا
Dr. Keerthana Rani Padip
General Practitioner
License No.: 37864
بتيكير الطبي ذم م
CITICARE MEDICAL C

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 22-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)