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

WE TAKE CARE OF YOU

Medical Expenses Claim form

Date: 25-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1972-6585952-6
Card Holder's Name: MONIA BEN NEJMA EP ALIJABI Age: 52Y - 7M - 15D Sex: Female
Card Holder's Tel No: Mobile No: 0501465907
Ins Card No: I038-010-118639628-01 Valid Upto: 1/9/2025
Company Name: FMC Standard Network Employee No:_____ Nationality: Tunisian

Clinical Details: Temp 36.6 B.P. 120 Pulse. 72
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: N77.1 - Vaginitis, vulvitis and vulvovaginitis in dis classd elswhr, N93.9 - Abnormal uterine and vaginal bleeding, uns
N39.0 - Urinary tract infection, site not specified

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

10, Consultation Specialist , General Consultation,81005, URINALYSIS , Lab

Doctor's Name: MOHAMMED M HAMED signature with seal:

Dr. Mohammed M Han
Specialist Obstetrics And
DHA No: 753859
CITICARE MEDICAL C
DUBAI - U.A

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, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 25-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(NITROFURANTOIN : 100 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (20S, BOX)	10	20
(CEPHALEXIN : 500 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (20S, BLISTER PACK)	5	10