



# ANNEXURE V

# F M C NETWORK UAE

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## Medical Expenses Claim form

Date: 27-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-1913062-2  
Card Holder's Name: AZRAA JOHNSON Age: 30Y - 10M - 18D Sex: Male  
Card Holder's Tel No: Mobile No: 0528059087  
Ins Card No: I005-010-122568925-01 Valid Upto: 30/9/2025  
Company Name: FMC Standard Employee No: South  
Network Nationality: African



Clinical Details: Temp 36.8 B.P. 120 Pulse. 74  
Signs & Symptoms: risk of fall  
Date of Onset Illness :  ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit  
Diagnosis: L23.89 - Allergic contact dermatitis due to other agents, H01.9 - Unspecified inflammation of eyelid

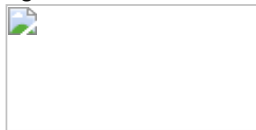
Management plan (Services inside the clinic including injections and investigations)  
85027, COMPLETE CBC AUTOMATED , Lab, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML)  
SOLUTION FOR INJECTION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation  
Doctor's Name: KEERTHANA 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 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 27-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)

| Medicine                                   | Dose                                    | Duration | Quantity | Price  |
|--------------------------------------------|-----------------------------------------|----------|----------|--------|
| (DESLORATADINE : 5 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER)      | 10       | 10       | 0.0000 |
| (PREDNISOLONE : 10 MG) DISPERSIBLE TABLETS | DISPERSIBLE TABLETS (15S, BLISTER PACK) | 5        | 10       | 0.0000 |