



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: 07-Aug-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-6906608-0

Card Holder's Name: ABRAR HASSAN NOOR HASSAN Age: 25Y - 5M - 1D Sex: Male

Card Holder's Tel No: Mobile No: 0529289701

Ins Card No: I019-010-121177972-02 Valid Upto: 7/6/2026

Company FMC Standard Employee Nationality: Pakistani
Name: Network No:



Clinical Details: Temp 37.3 B.P. 120 Pulse. 80

Signs & Symptoms: Risk of Fall

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: L03.317 - Cellulitis of buttock, R52 - Pain, unspecified, R50.9 - Fever, unspecified, L04.8 - Acute lymphadenitis of oth

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

51.02, Non-Surgical Cleansing With Surgical Dressing Between 16 Sq Inches / 100 Sq Centimeters And 48 Sq Inches / 300 Sq Centimeters
General Consultation, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION ,
Pharmacy, 0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE
(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS
Co.Pay, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: KEERTHANA

signature with seal:

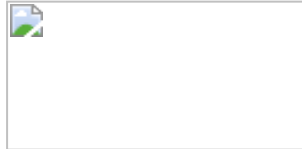
راني باديورايل ثارا
Dr. Keerthana Rani Padip
General Practitioner
License No.: 37864
بتيكير الطبي ذم م
CITICARE MEDICAL C

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 07-Aug-2025



Pharmaceuticals (to be filled by treating doctor only)