

**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: 11-Aug-2025

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

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

Card Holder's Tel No: Mobile No: 0529289701

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

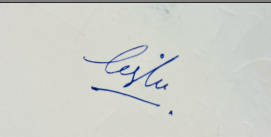
Company FMC Standard Employee No: Nationality: Pakistani

Clinical Details:	Temp	B.P.	Pulse.
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: L08.9 - Local infection of the skin and subcutaneous tissue, unsp, R22.41 - Localized swelling, mass and lump, right lower limb			



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

9.01, Free Follow-Up Consultation Gp , General Consultation, 51.02, Non-Surgical Cleansing With Surgical Dressing Between 16 Sq Inches / 100 Sq Centimeters And 48 Sq Inches / 300 Sq Centimeters , General Consultation

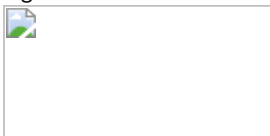
Doctor's Name: AISHA	signature with seal:		Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 CITICARE MEDICAL CENTER DUBAI - U.A.E
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Diagnostic Procedures referred outside:

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 11-Aug-2025



Pharmaceuticals (to be filled by treating doctor only)