

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: 20-Aug-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1977-3652195-2

Card Holder's Name: MONICA MWIKALI MUNYAO Age: 48Y - 0M - 24D Sex: Female Card Holder's Tel No: Mobile No: 0543831977

Card Holder's Tel No: Mobile No: 0543831977
Ins Card No: I019-010-115341080-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _______Nationality: Kenyan



Clinical Details:	Temp36.3	B.P. 140	Pulse. <mark>84</mark>
Signs & Symptoms: risk of fa	II .		
Date of Onset Illness:		○ Emergency ○	Work related ○ New visit ○ Follow up visit
Diagnosis: I10 - Essential (pr	imary) hypertension, E78.0	1 - Familial hypercholesterolemia	, E78.5 - Hyperlipidemia, unspecified
Management plan (Service	es inside the clinic including	; injections and investigations)	
85025, COMPLETE CBC W/A	UTO DIFF WBC , Lab,82465	, ASSAY BLD/SERUM CHOLESTERC	DL , Lab,84478, ASSAY OF TRIGLYCERIDES ,
Lab,82947, ASSAY GLUCOSE	BLOOD QUANT , Lab,9, Cor	nsultation Gp , General Consultati	on
Doctor's Name: AISHA		signature with seal:	Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 CITICARE MEDICAL CENTER DUBAI - U.A.E
		<u> </u>	
Diagnostic Procedures refer	red outside:		

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 20-Aug-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMLODIPINE (AS BESYLATE) : 10 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (30S, BLISTER PACK)	30	1	0.0000
(TELMISARTAN : 80 MG) TABLETS	TABLETS (28S, BLISTER PACK)	30	30	0.0000