



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: 21-Aug-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1972-6585952-6

Card Holder's Name: MONIA BEN NEJMA EP ALIJABI Age: 52Y - 8M - 11D 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 36.4	B.P. 120	Pulse: 70
Signs & Symptoms:	RISK FOR FALL		
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R07.0 - Pain in throat, M79.10 - Myalgia, unspecified site, E86.0 - Dehydration, E61.1 - Iron deficiency			

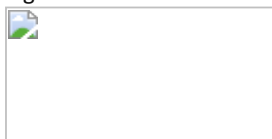
Management plan (Services inside the clinic including injections and investigations)	
2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96375, TX/PRO/DX INJ NEW DRUG ADDON , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,0384-111908-1001, SODIUM CHLORIDE B.P. , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,5	
Consultation	
Doctor's Name: AISHA	signature with seal: 
Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 CITICARE MEDICAL CENTER DUBAI - U.A.E	

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 21-Aug-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	30	1	0.0000