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: 16-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1989-8206583-5
Card Holder's Name: MIZNAY VERNELL DENNIS Age: 34Y - 11M - 25D Sex: Female
Card Holder's Tel No: Mobile No: 0504620893
Ins Card No: I038-010-114643765-01 Valid Upto: 13/2/2025
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: South African

Clinical Details: Temp36 B.P.120 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: K29.00 - Acute gastritis without bleeding, J00 - Acute nasopharyngitis [common cold], K52.1 - Toxic gastroenteritis and J20.9 - Acute bronchitis, unspecified

Management plan (Services inside the clinic including injections and investigations)
94640, AIRWAY INHALATION TREATMENT , Co.Pay,9.01, Free Follow-Up Consultation Gp , General Consultation

Doctor's Name: AHSAN HUSSAIN signature with seal:

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
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 abo mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 16-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP	SYRUP (200ML, BOTTLE	7	1