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: 25-Apr-2023
Clinic Name: Irham Medical Center Arjan Emirates: 784-2001-8493175-4
Card Holder's Name: MUHAMMAD ARSLAN MUHAMMAD RAFIQUE Age: 21Y - 4M - 13D Sex: Male
Card Holder's Tel No: Mobile No: 0586740212
Ins Card No: I020-010-117619336-01 Valid Upto: 27/4/2023
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Pakistani

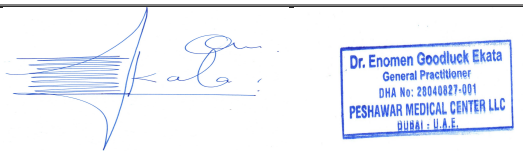
Clinical Details: Temp B.P. Pulse.
Signs & Symptoms:
Date of Onset Illness :
Diagnosis:

○ Emergency ○ Work related ○ New visit ○ Follow up vis

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

9.01, Free Follow-Up Consultation Gp , General Consultation,10061, DRAINAGE OF SKIN ABSCESS , Co.Pay

Doctor's Name: Enomen Goodluck signature with seal:



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 person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condi medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 25-Apr-2023

Pharmaceuticals (to be filled by treating doctor only)