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

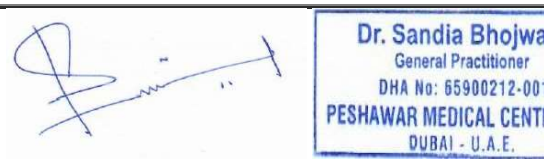
Date: 14-May-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1996-3269295-2
Card Holder's Name: PRIYANKA RAWAT DARBAN SINGH Age: 28Y - 3M - 4D Sex: Female
Card Holder's Tel No: Mobile No: 0561479268
Ins Card No: I011-010-117392367-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.1 B.P. 106 Pulse. 79
Signs & Symptoms: risk for fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: R05 - Cough, R53.1 - Weakness, R52 - Pain, unspecified, R09.81 - Nasal congestion

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

9.01, Free Follow-Up Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-149902-1021, CL Pharmacy

Doctor's Name: SANDIA 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 abov 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 cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 14-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(BECLOMETHASONE DDIPROPIONATE : 50 MCG) NASAL AEROSOL SPRAY	NASAL AEROSOL SPRAY (200 DOSES (10ML) , UNIT)	5	5
(AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (100ML, GLASS	10	20

Medicine	Dose	Duration	Quantity
	BOTTLE)		
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(PHENYLEPHRINE (SYSTEMIC) : N/A) (CAFFEINE : N/A) (PARACETAMOL : N/A) CAPLETS	CAPLETS (24S, BLISTER PACK)	5	10