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

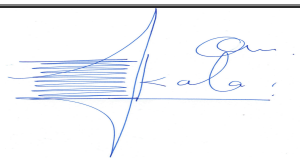
Date: 30-May-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1984-3829310-6
Card Holder's Name: GOPI VELLAICHAMY VELLAICHAMY Age: 39Y - 11M - 29D Sex:Male
Card Holder's Tel No: Mobile No: 0555064241
Ins Card No: I011-010-118489395-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Indian

Clinical Details: Temp36.8 B.P.124 Pulse. 66
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: N39.0 - Urinary tract infection, site not specified, B30.8 - Other viral conjunctivitis, R50.9 - Fever, unspecified

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

96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay,0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE POWDER FOR INJECTION , Pharmacy,0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Con Gp , General Consultation

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 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 cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(NEPAFENAC : 0.1%) EYE DROPS	EYE DROPS (5ML, PLASTIC DROPPER BOTTLE)	3	1
(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER	5	10

Medicine	Dose	Duration	Quantity
	PACK)		
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	5	15