

ANNEXURE V

FMCNETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical	Expenses	Claim	form
ivieuicai	EXPENSES	Ciaiiii	101111

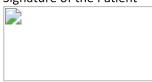
Date: 17-Aug-2024 Clinic Name: CITICARE MEDICAL CENTER LLC Card Holder's ARSAL MEHMOOD BUTTAR A Name: AHMAD Card Holder's Tel No: Mobile No Ins Card No: I019-010-118280343-01 Company FMC Standard Network Employe Name: 3 No:	Age: 25D Sex:Male : 971567374320 Valid Upto: 30/11/2024						
Clinical Details: Temp37.5	B.P.130	Pulse. <mark>86</mark>					
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, J00 - Acute nasopharyngitis [common cold], R51.9 - Headache,							
unspecified, M62.81 - Muscle weakness (genera	lized)						
Management plan (Services inside the clinic including injections and investigations)							
2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(P	• •	· · · · · · · · · · · · · · · · · · ·					
CEFTRIAXONE-TABUK IM, Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION, Pharmacy,96372, THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM, Co.Pay,96365, IV INFUSION							
		TION SUBQ/IM , Co.Pay,96365, IV INFUSION					
THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pa	y,9, Consultation Gp , General Con						
Doctor's Name: AHSAN HUSSAIN	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 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 17-Aug-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14	0.0000
(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET- TABLET (30S, BLISTER)	7	14	0.0000
CETIRIZINE HCL	Tablet	5	5	0.0000
(ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP	SYRUP (200ML, BOTTLE)	7	14	0.0000