



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: 15-Sep-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-7421456-8
Card Holder's Name: BODH BAHADUR SHAHI Age: 23Y - 10M - 19D Sex: Male
Card Holder's Tel No: Mobile No: 0568631210
Ins Card No: I019-010-119871066-01 Valid Upto: 7/6/2025
Company FMC Standard Employee
Name: Network No: Nationality: Nepalese



Clinical Details: Temp 37.4 B.P. 117 Pulse. 71
Signs & Symptoms: risk for fall
Date of Onset Illness :
☐ Emergency ☐ Work related ☐ New visit ☐ Follow up
Diagnosis: R50.9 - Fever, unspecified, J03.90 - Acute tonsillitis, unspecified, R52 - Pain, unspecified, K29.00 - Acute gastritis without bleeding

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 0195-107704-01
CEFTRIAXONE-TABUK IV , Pharmacy, 0005-149902-1021, CLOFEN , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 96365,
INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: Humaira

signature with seal:

Dr. Humaira Mumta
General Practitioner
DHA No: 5415530-00
CITICARE MEDICAL CENTRE
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 above 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 consultation, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 15-Sep-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12