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**

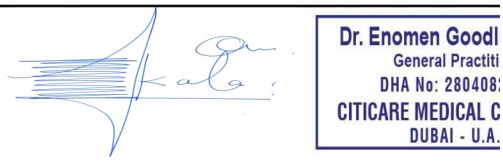
Medical Expenses Claim form

Date: 14-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-8512574-8
Card Holder's Name: JAYA RATAN KAMBLE Age: 40Y - 6M - 2D Sex: Female
Card Holder's Tel No: Mobile No: 0509398753
Ins Card No: I005-010-120106903-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.8 B.P.105 Pulse. 60
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follo
Diagnosis: E03.9 - Hypothyroidism, unspecified, R53.1 - Weakness, D50.9 - Iron deficiency anemia, unspecified

Management plan (Services inside the clinic including injections and investigations)
9.01, Free Follow-Up Consultation 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 a mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medical medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 14-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(LEVOTHYROXINE SODIUM : 50 MCG) TABLETS	TABLETS (100S, BLISTER PACK)	60	60

Medicine	Dose	Duration	Quant
(FOLIC ACID : 0.35 MG (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX : 100 MG CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK	60	60