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

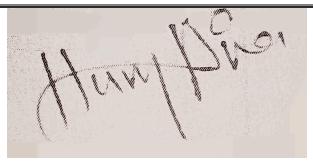
Date: 24-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-2181959-2
Card Holder's Name: BIBEK KHAREL BISHNU PRASAD KHAREL Age: 30Y - 9M - 23D Sex: Male
Card Holder's Tel No: Mobile No: 0565607550
Ins Card No: I019-010-118547040-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Nepalese

Clinical Details: Temp 36.5 B.P. 100 Pulse. 75
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified, R05 - Cough

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

0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,94640, AIRWAY INHALA TREATMENT , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Humaira 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 co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 24-Nov-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) | 10 | 10 |
| (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE | SYRUP (SUGAR FREE (120ML, BOTTLE | 1 | 1 |

| Medicine | Dose | Duration | Quantity |
|---|---|---|---|
| (MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS | FILM COATED TABLETS (30S, BLISTER PACK | 30 | 30 |