

## ANNEXURE V

Sex:Male

30/9/2025

Nationality: Nepales

## NETWORK UAE

P. O. BOX: 50430, DUBAI, P. O. BOX: 127452, ABU DHABI Tel - 04 3977841, Fax - 04 3977842

Email - claims@fmchealthcare.ae Toll Free: 800 3426

## **Reimbursement Medical Expenses Claim form**

(Emergency Only)

Date: 27-Nov-2024

Card Holder's Tel No:

Emirates: 784-1986-0719742-7 Clinic Name: CITICARE MEDICAL CENTER LLC

Temp37.4

Card Holder's SAROJ BHATTARAI RAM PRASAD

Name: **BHATTARAI** 

Age: 38Y - 2M -Mobile No: 528857640

Valid Upto:

1005-010-118146589-01 Ins Card No: **FMC Standard** Company **Employee** 

Name: Network No:

B.P.110

Pulse. 77

Signs & Symptoms: RISK OF FALL Date of Onset Illness:

Clinical Details:

○ Emergency ○ Work related ○ New visit ○ Follow up visit Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecified, R51.9 -

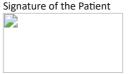
Headache, unspecified

productive, and product	
Management plan (Services inside the clinic including in	jections and investigations)
	ala;
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 abovementioned 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.

Date 27-Nov-2024



Pharmaceuticals (to be filled by treating doctor only)

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Medicine	Dose	Duration	Quantity	Price		
(PARACETAMOL : 500 MG (PSEUDOEPHEDRINE HCL : 30 MG TABLETS	TABLETS (20S, BLISTER PACK	10	20	0.3800		
(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER	4	16	0.9400		
(CLARITHROMYCIN: 500 MG TABLETS	TABLETS (14S, BLISTER PACK	7	14	0.0000		
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP	SYRUP (200ML, BOTTLE	7	1	0.0000		
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10	0.0000		