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

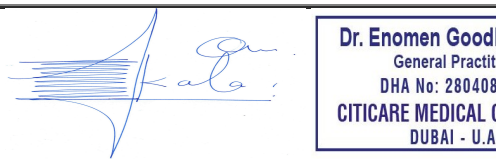
Date: 27-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-3863979-8
Card Holder's Name: MD MOSAROF HOSSAIN MD JAHANGIR Age: 24Y - 10M - 27D Sex: Male
Card Holder's Tel No: Mobile No: 0545362547
Ins Card No: I019-010-118022354-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Bangladeshi

Clinical Details: Temp 36.8 B.P. 110 Pulse. 84
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: N39.0 - Urinary tract infection, site not specified, M79.10 - Myalgia, unspecified site, R29.91 - Unsp symptoms and involving the musculoskeletal system, E86.0 - Dehydration

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

81005, URINALYSIS , Lab,96360, HYDRATION IV INFUSION INIT , Co.Pay,0102-111908-1001, SODIUM CHLORIDE B.P. , Pharmacy 149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, 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 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, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 27-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(IBUPROFEN : 400 MG TABLETS	TABLETS (24S, BLISTER PACK	4	8
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	30