**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: 29-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1986-0719742-7
Card Holder's Name: SAROJ BHATTARAI RAM PRASAD BHATTARAI Age: 38Y - 2M - 29D Sex: Male
Card Holder's Tel No: Mobile No: 528857640
Ins Card No: I005-010-118146589-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Nepalese

Clinical Details: Temp 40 B.P. 140 Pulse. 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follo
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecifi Headache, unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 I SOLUTION FOR INJECTION , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML SOLUTION FOR INFUSION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96 THER/PROPH/DIAG INJ SC/IM , Co.Pay,0188-135906-2441, PULMICORT-(BU ) NEBULIZATION , Pharmacy,94640, AIRWAY INHALATION TREATMENT , Co Consultation

Doctor's Name: Humaira signature with seal:

Dr. Humaira M
General Practi
DHA No: 54155
CITICARE MEDICAL
DUBAI - U.A

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 29-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)