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

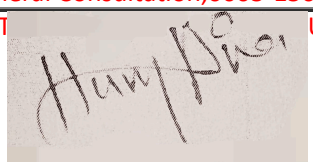
Date: 06-Dec-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-8750303-9
Card Holder's Name: ASHIKA RAJENDRA SHEJWAL RAJENDRA RAMCHANDRA SHEJWAL Age: 28Y - 8M - 20D Sex: Female
Card Holder's Tel No: Mobile No: 0504581604
Ins Card No: I005-010-117827726-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36 B.P. 99 Pulse. 84
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, R11.10 - Vomiting, unspecified, R19.7 - Diarrhea, unspecifie Fever, unspecified, R10.13 - Epigastric pain

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

81005, URINALYSIS , Lab,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0005-136504-1021, SCOPINAL , Pharmacy,0(1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS HR , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation,0005-150403-1021, PREM (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,96374, T

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 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 06-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CEFIXIME : 400 MG) CAPSULES	CAPSULES (6S, BLISTER)	7	14
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14
(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	7	21

Medicine	Dose	Duration	Quant
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12
(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK	3	6
(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (28.5G X 10, SACHET)	5	5