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: 12-Dec-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-3293951-0
Card Holder's Name: GIRISHA SUBBAYYA Age: 35Y - 11M - 11D Sex: Male
Card Holder's Tel No: 0589254533 Mobile No: +919164369364
Ins Card No: I019-010-112342998-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.8 B.P.120 Pulse. 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: H10.13 - Acute atopic conjunctivitis, bilateral, R52 - Pain, unspecified

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

9, Consultation Gp , General Consultation

Doctor's Name: AHSAN HUSSAIN 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 12-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(BORIC ACID : 7MG/ML) (HP GUAR (HYDROXY PROPYL GUAR) : 1.9 MG/ML) (POLYETHYLENE GLYCOL 400 : 4 MG/ML) (POTASSIUM CHLORIDE : 1.2 MG/ML) (PROPYLENE GLYCOL : 3 MG/ML) (SODIUM CHLORIDE : 1 MG/ML) (SORBITOL : 14 MG/ML) EYE DROPS (SOLUTION)	EYE DROPS (SOLUTION) (10ML, DROPPER BOTTLE)	7	1