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: 19-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1990-6668021-8
Card Holder's Name: PRAPATSORN KERDMARK Age: 34Y - 4M - 24D Sex: Female
Card Holder's Tel No: Mobile No: 0506965824
Ins Card No: I005-010-117539996-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Thai

Clinical Details: Temp B.P. Pulse.
Signs & Symptoms:
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, R19.7 - Diarrhea, unspecified, R50.9 - Fever, unspecified

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

0067-107702-0801, (CEFTRIAXONE (AS SODIUM) : 500 MG) POWDER FOR INJECTION , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,85025, COMPL General Consultation,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96365, IV IN Co.Pay,86768, SALMONELLA ANTIBODY , Lab

Doctor's Name: SANDIA signature with seal:

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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 above-mentioned 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.

Signature of the Patient

Date 19-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10	0.0000
(TRISODIUM CITRATE DIHYDRATE : 0.58G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CHLORIDE : 0.52 G) (DEXTROSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (25 X 20.5G, SACHET)	3	3	0.0000
(NAPROXEN : 500 MG TABLETS	TABLETS (20S, BLISTER PACK	5	10	0.0000