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

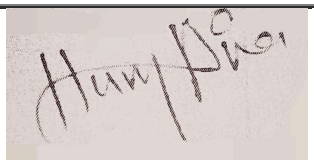
Date: 21-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-7267850-5
Card Holder's Name: CHIRATH KASUN KUMARASINGHA ARACHCHIGE Age: 26Y - 6M - 7D Sex: Male
Card Holder's Tel No: Mobile No: 0557514955
Ins Card No: I005-010-120763031-01 Valid Upto: 30/9/2025
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp36 B.P.138 Pulse. 89
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: L08.9 - Local infection of the skin and subcutaneous tissue, unsp, W26.0XXA - Contact with knife, initial encounter, unspecified

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

9, Consultation Gp , General Consultation,51.02, Non-Surgical Cleansing With Surgical Dressing Between 16 Sq Inches / 100 Sc And 48 Sq Inches / 300 Sq Centimeters , General Consultation

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 21-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	6	12