



ANNEXURE V

F M C NETV

P. O. BOX: 50430, DUBAI, Tel – (

Email – approval@fmchealthcare.ae

Medical Expenses Claim for

Date: **27-Jan-2025**

Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1998-2521328-5**

Card Holder's Name: **NEETA HARIBHAI KHIMSURIYA HARIBHAI** Age: **26Y - 4M** Sex: **Fema**
ANANDBHAI KHIMSURIYA - **9D**

Card Holder's Tel No: Mobile No: **0568678104**

Ins Card No: **I005-010-121540611-01** Valid Upto: **30/9/2025**

Company Name: **FMC Standard Network** Employee No: _____ Nationality: **India**

Clinical Details: Temp **36** B.P. **100**
Signs & Symptoms: **risk of fall**
Date of Onset Illness : ☐ Emergenc
Diagnosis: **J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R50.9 - Fever, unspec**

Management plan (Services inside the clinic including injections and investigation
85027, COMPLETE CBC AUTOMATED , Lab,94640, AIRWAY INHALATION TREATMENT
(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,96360, H
LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLOF
: N/A) SOLUTION FOR INFUSION , Pharmacy,9, Consultation Gp , General Consultat

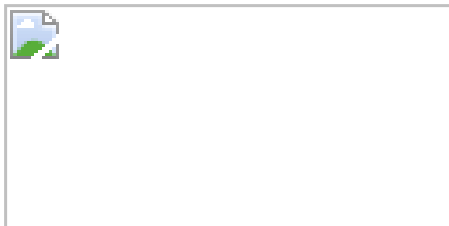
Doctor's Name: **DR Amaizah**

signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services mentioned examination/Investigation/therapy is given to me by the doctor. I hereby person who has provided medical services to me to furnish any and all information medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 27-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose
(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SF (3)
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FI (2)
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FI (1)
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CA
(FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS	CI (3)
(LEVOMENTHOL : 7 MG) (EMBLICA OFFICINALIS : 10 MG) (GLYCYRRHIZA GLABRA : 15 MG) (ZINGIBER OFFICINALE : 10 MG) LOZENGES	LC BI