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: 03-Feb-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2003-2598309-4
Card Holder's Name: EDWIN VIJIN EBANEZER EBANEZER Age: 22Y - 0M - 13D Sex: Male
Card Holder's Tel No: Mobile No: 0564743012
Ins Card No: I019-010-122016145-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.8 B.P. 124 Pulse. 102
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: R50.9 - Fever, unspecified, J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, J30.9 - Allergic rhinitis, unspecified, M79.10 - Myalgia, unspecified site, J02.9 - Acute pharyngitis, unspecified, R07.0 - Pain in throat

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,9, Consultation Gp , General Consultation,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P. , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay

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 03-Feb-2025

2/3/2025 12:20:07 PM

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10	0.0000
(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER	5	15	0.8000
(AMBROXOL : 15 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (100ML, GLASS BOTTLE	10	20	8.0000
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	5	0.9000
(CAPTOMUCIL : 125.45 MG) NASAL SPRAY	NASAL SPRAY (20ML, SPRAY BOTTLE)	5	5	0.0000