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: 07-Feb-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-4084820-5
Card Holder's Name: SRIDHAR THOKALA THOKALA BHUMANNA Age: 25Y - 1M - 26D Sex: Male
Card Holder's Tel No: Mobile No: 0567915743
Ins Card No: I019-010-120074163-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36 B.P. 116 Pulse. 86
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: R11.10 - Vomiting, unspecified, R51.9 - Headache, unspecified, R42 - Dizziness and giddiness, R53.1 - Weakness, E86.0 - Dehydration, R10.0 - Acute abdomen

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

0005-150403-1021, PREMOSAN , Pharmacy,0005-136504-1021, SCOPINAL , Pharmacy,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P. , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

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 07-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(BETAHISTINE DIHYDROCHLORIDE : 24 MG) TABLETS	TABLETS (60S, BLISTER)	10	20	0.0000
(METRONIDAZOLE : 500 MG TABLETS	TABLETS (500S, BLISTER PACK	5	10	0.6300
(ORAL REHYDRATION SALTS (O.R.S. : N/A POWDER FOR SOLUTION	POWDER FOR SOLUTION (50S, SACHET	1	1	0.6600
(METOCLOPRAMIDE : 10 MG TABLETS	TABLETS (1000S, BLISTER PACK	3	6	0.2200