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: 15-Feb-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-8340056-0
Card Holder's Name: SAWARAN CHAND Age: 28Y - 6M - 14D Sex: Female
Card Holder's Tel No: 971589522956 Mobile No: 0589522956
Ins Card No: I005-010-117490735-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp B.P. Pulse.
Signs & Symptoms:
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: M25.511 - Pain in right shoulder

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

0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,84550, ASSAY OF BLOOD/URIC ACID , Lab,82465, ASSAY BLD/SERUM CHOLESTEROL , Lab,9.01, Free Follow-Up Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE 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 15-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	10	0.0000
(DICLOFENAC SODIUM : 50 MG TABLETS	TABLETS (20S, BLISTER PACK	5	10	1.1500
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL	GEL (50G, TUBE	5	1	0.0000