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

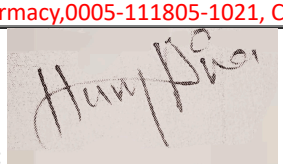
Date: 18-Feb-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1989-7361529-1
Card Holder's Name: Suresh Thambidurai Age: 35Y - 7M - 29D Sex: Male
Card Holder's Tel No: Mobile No: 0589840099
Ins Card No: I005-010-113767020-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.7 B.P.132 Pulse. 78
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: L40.9 - Psoriasis, unspecified, T78.40XA - Allergy, unspecified, initial encounter, L20.84 - Intrinsic (allergic) eczema

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

0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION , Pharmacy,6010-122104-1171, (DEXAMETHASONE : 4 MG) TABLETS , Pharmacy,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,9, Consultation Gp , General Consultation

Doctor's Name: Humaira signature with seal:



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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 18-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(BETAMETHASONE : 0.05%) (SALICYLIC ACID : 2%) TOPICAL LOTION	TOPICAL LOTION (30ML, BOTTLE)	5	10	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	10	0.0000
(BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM	CREAM (20G, COLLAPSIBLE TUBE)	5	10	0.0000