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: 26-Feb-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-5493627-0
Card Holder's Name: AASHIS BK Age: 29Y - 7M - 24D Sex: Male
Card Holder's Tel No: Mobile No: 0527088293
Ins Card No: I005-010-116125805-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Nepalese

Clinical Details: Temp37 B.P.140 Pulse. 102
Signs & Symptoms: risk for fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: R52 - Pain, unspecified, M54.5 - Low back pain

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

0005-149902-1022, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG IN Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah I
General Practit
DHA: 98486553
CITICARE MEDICA
DUBAI - U.A

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 26-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quant |
|---|---|---|---|
| (TOLPERISONE HCL : 150 MG) FILM COATED TABLETS | FILM COATED TABLETS (30S, BLISTER) | 3 | 3 |
| (CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS | TABLETS (30S, BOX) | 30 | 30 |
| (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION | POWDER FOR SOLUTION (30S, SACHET) | 2 | 2 |