

ANNEXURE V

FMCNETWORKUAE

P. O. BOX: 50430, DUBAI, **Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-5656**

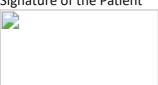
Medical Expenses Claim form

Date: 01-Mar-2025 Clinic Name: CITICARE MEDICAL CENTER LLC Card Holder's Name: KHARAK SINGH KISHAN SII Card Holder's Tel No: Mobile N Ins Card No: 1005-010-119076401-01 Company Name: FMC Standard Network Employ	NGH Age: 26Y - 7M - 15D Sex: Male No: 0569469783 Valid Upto: 30/9/2025	
Clinical Details: Temp <mark>36</mark>	B.P. <mark>102</mark>	Pulse. 88
Signs & Symptoms: RISK FOR FALL		
Date of Onset Illness :	○ Emergency (\supset Work related $\ \bigcirc$ New visit $\ \bigcirc$
Diagnosis: J02.9 - Acute pharyngitis, unspecified,	, J03.90 - Acute tonsillitis, unspecified,	R05 - Cough, R21 - Rash and oth
eruption, E86.0 - Dehydration		
Management plan (Services inside the clinic inc	cluding injections and investigations)	
85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,	,0195-107704-0801, CEFTRIAXONE-TAE	BUK IV , Pharmacy,94640, AIRW
TREATMENT , Co.Pay,0125-122107-1022, DEXAM	1ETHASONE SODIUM PHOSPHATE-(DEX	(AMETHASONE : 4 MG/ML) SOL
INJECTION , Pharmacy,96365, IV INFUSION THER	APY/PROPHYLAXIS /DX 1ST TO 1 HR , C	Co.Pay,96372, THER/PROPH/DIA
Co.Pay,9, Consultation Gp , General Consultation	·	Dr. Aı
INFUSION INIT , Co.Pay,0188-135906-2441, PULN	VICORT-(BUDESONIDE : 0.5 MG/N	Gene
		DHA CITICARI
Doctor's Name: DR Amaizah	signature with seal:	GITICALL
Doctor 3 Name. Dit Amazan	Signature with Seal.	
Diagnostic Procedures referred outside:		
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 the mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Physician, who has provided medical services to me to furnish any and all information with regard to any medical history, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 01-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration
(HYDROXYPROPYLMETHYLCELLULOSE: 150 MG/30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML,	5

Medicine	Dose	Duration
	SPRAY BOTTLE)	
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5
(IMIQUIMOD : 5%) CREAM	CREAM (250MGX 12, SACHET)	7
(VITAMIN D3 : 5 MCG) (VITAMIN E (AS D-ALPHA TOCOPHERYL SUCCINATE) : 20 MG) (ZINC : 15 MG) (CHROMIUM : 50 MCG) (COPPER : 1 MG) (VITAMIN B12 : 9 MCG) (FOLACIN : 500 MCG) (SIBERIAN GINSENG (ELEUTHEROCOCCUS SENTICOSUS) : 20 MG) (IODINE : 150 MCG) (IRON (FERROUS FUMARATE) : 6 MG) (MAGNESIUM OXIDE : 50 MG) (MANGANESE SULFATE : 3 MG) (L-METHIONINE : 20 MG) (NIACIN : 20 MG) (PANTOTHENIC ACID : 10 MG) (PABA : 20 MG) (PYRIDOXINE (VITAMIN B6) : 9 MG) (VITAMIN B2 (RIBOFLAVIN) : 5 MG) (SELENIUM : 150 MCG) (S	FILM COATED TABLETS (30S, BLISTER)	30