ANNEXURE V

F M C NETW

P. O. BOX: 50430, DUBAI, **Tel** – (
Email – approval@fmchealthcare.ae

Medical Expenses Claim for

Date: 01-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-8482131-7
Card Holder's Name: KHARAK SINGH KISHAN SINGH Age: 26Y - 7M - 14D Sex: Ma
Card Holder's Tel No: Mobile No: 0569469783
Ins Card No: I005-010-119076401-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: India

Clinical Details: Temp36 B.P.102
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergenc
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J03.90 - Acute tonsillitis, unspecifi
eruption, E86.0 - Dehydration

Management plan (Services inside the clinic including injections and investigation

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0195-107704-0801, CEFTRIAXONE-
TREATMENT , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(
INJECTION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HI
Co.Pay,9, Consultation Gp , General Consultation,0102-152902-1001, LACTATED RI
INFUSION INIT , Co.Pay,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/M

Doctor's Name: DR Amaizah signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical se
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby
person who has provided medical services to me to furnish any and all information
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
(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLU BOTTLE)
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATE STRIP
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATE BLISTER PAC
(IMIQUIMOD : 5%) CREAM	CREAM (250