

## 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: 08-Mar-2025

Clinic Name: CITICARE MEDICAL CENTER LLC
Card Holder's Name: SAWARAN CHAND
Card Holder's Tel No: 971589522956
Ins Card No: 1005-010-117490735-01

Emirates: 784-1996-8340056-0
Age: 28Y - 7M - 7D Sex: Female
Mobile No: 0589522956
Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: \_\_\_\_\_\_Nationality: Indian



Clinical Details:	Temp <mark>36.7</mark>	B.P.120	Pulse. <mark>86</mark>
Signs & Symptoms:			
Date of Onset Illness:		○ Emergency ○ W	Vork related ○ New visit ○ Follow up
Diagnosis: L50.0 - Allergio	c urticaria, T78.40XD - Allergy,	unspecified, subsequent encounter,	, M25.519 - Pain in unspecified shoulde
Management plan (Serv	vices inside the clinic including	g injections and investigations)	
0005-111805-1021, CHLC	DROHISTOL 10MG , Pharmacy,	96372, THER/PROPH/DIAG INJ SC/IN	M , Co.Pay,0005-149902-1021, CLOFEN
Pharmacy,96365, IV INFU	ISION THERAPY/PROPHYLAXIS	/DX 1ST TO 1 HR , Co.Pay,9, Consult	tation Gp , General Consultation
Doctor's Name: Humair	a	signature with seal:	Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.
Doctor's Name: Humaira	a	signature with seal:	General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE
Doctor's Name: Humaira		signature with seal:	General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abore mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 08-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	7	14
(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER	3	3
(NAPROXEN : 500 MG TABLETS	TABLETS (10S, BLISTER PACK	7	14