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: 10-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-2652787-4
Card Holder's Name: PRIYA SAHU ARUN KUMAR SAHU Age: 27Y - 5M - 26D Sex: Female
Card Holder's Tel No: Mobile No: +919630911307
Ins Card No: I005-010-118997977-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 37 B.P. 113 Pulse. 75
Signs & Symptoms:
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J30.9 - Allergic rhinitis, unspecified, J45.991 - Cough variant asthma, R50.9 - unspecified, E86.0 - Dehydration

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMI Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0102-152902-1001, LACTATED RINGERS IN Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah I
General Practit
DHA: 98486553
CITICARE MEDICAL
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 10-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CLAVULANIC ACID : 125 MG (AMOXICILLIN : 875 MG TABLETS	TABLETS (14S, STRIP	5	5
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	7	7
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	5

Medicine	Dose	Duration	Quan
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	3	6
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE	5	5