

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

Card Holder's Name: PRIYANKA RAWAT DARBAN SINGH Age: Card Holder's Tel No: Mobile No:	0561479268 Upto: 7/6/2025	
Clinical Details: Temp37.3	B.P.120	Pulse. 88
Signs & Symptoms: RISK FOR FALL		
Date of Onset Illness :	○ Emergency	○ Work related ○ New visit ○ Follow
Diagnosis: R10.13 - Epigastric pain, K29.00 - Acute gastritis v Dehydration, R50.9 - Fever, unspecified		
Management when (Complete include the obligite including including	-ti	
Management plan (Services inside the clinic including injections of the clinic including injection in clinic including injections of the clinic including injection in clinic injection injection in clinic injection in clinic injection injection in clinic injection in clinic injection in clinic injection in		CETANACI - 10 NAC (NAI) COLLITION FOR
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INJECTION , Pharmacy,0005-174202-0781, RISEK 40MG , Ph		
THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR, Co.Pay,0102-1529		Dr. Aisha L
INFUSION INIT , Co.Pay,96374, THER/PROPH/DIAG INJ IV PU	SH , Co.Pay,9, Consulta	Physician- General F DHA- 4013143 CITICARE MEDICA DUBAI - U.
Doctor's Name: AISHA	signature with seal:	DUBAI - U.I
Diagnostic Procedures referred outside:		
I hereby authorize the physician, Hospital or pharmacy to file	e a claim for medical servi	ces on my behalf and I confirm that the
mentioned examination/Investigation/therapy is given to me		
person who has provided medical services to me to furnish a		th regard to any medical history, medica
medical services and copies of all medical and Clinic records		
Signature of the Patient		
Date 14-Mar-2025		
Pharmaceuticals (to be filled by treating doctor only)		