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

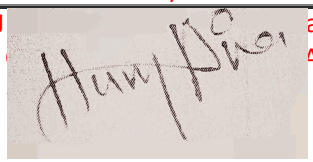
Date: 16-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-6928373-7
Card Holder's Name: CHANDAKA PRSANNA DE SILVA WALIMUNI Age: 40Y - 3M - 21D Sex: Male
Card Holder's Tel No: Mobile No: 0588312315
Ins Card No: I005-010-118741777-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 36.5 B.P. 116 Pulse. 66
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, J30.9 - Allergic rhinitis, unspecified

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

85027, COMPLETE CBC AUTOMATED , Lab,0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,96372, THER/PROPH/DIAG I
Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0102-152902-1001, LACTATED RINGERS INJECTION USP , Phar
122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1
Co.Pay,0006-402803-2071, VENTOLIN NEBULES , Pharmacy,96375, TX/PRO/DX INJ
INHALATION TREATMENT , Co.Pay,9.01, Free Follow-Up Consultation Gp , General
Co.Pay

Doctor's Name: Humaira signature with seal:



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 16-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1