ANNEXURE V

F M C NETW

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

Medical Expenses Claim for

Date: 23-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-8837932-9
Card Holder's Name: SALONI SURINDER KUMAR Age: 25Y - 5M - 22D Sex: Femal
Card Holder's Tel No: Mobile No: 0501964276
Ins Card No: I005-010-121967330-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: India

Clinical Details: Temp37.2 B.P.116
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergenc
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R50.9 - Fever, unspec

Management plan (Services inside the clinic including injections and investigation

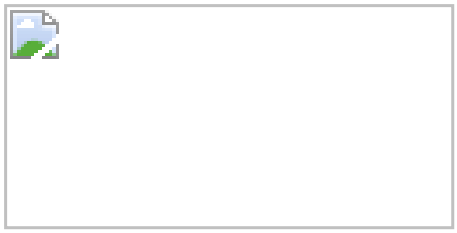
94640, AIRWAY INHALATION TREATMENT , Co.Pay,0102-152902-1001, LACTATED RI
(CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,2190-106618-1001, PARAFU
SOLUTION FOR INFUSION , Pharmacy,0195-107704-0802, CEFTRIAXONE-TABUK IM
Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9
THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

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 hereb
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 23-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABL
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABL PACK
(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR N 20, UNIT)
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABL PACK)