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: 27-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-0586195-8
Card Holder's Name: SATVIR DASS Age: 30Y - 11M - 26D Sex: Male
Card Holder's Tel No: Mobile No: 0509019956
Ins Card No: I005-010-114451195-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.2 B.P.110 Pulse. 60
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R06.2 - Wheezing, R05 - Cough, J30.9 - Allergic rhinitis, unspecified

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

94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0102-152902-1001, LACTATED R... Jp Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.I...

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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 services on my behalf and I confirm that the above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 27-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	2	4	0.0000
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	5	0.9000
(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (5ML X 20, SACHET)	7	1	0.0000
(ZINGIBER OFFICINALE EXTRACT : 10 MG/10ML) (PIPER CUBEBA EXTRACT : 10 MG/10ML) (INULA RACEMOSA : 20 MG/10ML) (CURCUMA LONGA : 50MG/10ML) (TERMINALIA BELERICA : 20 MG/10ML) (SOLANUM INDICUM : 20 MG/10ML) (GLYCYRRHIZA GLABRA : 60 MG/10ML) (ADHATODA VASICA : 60 MG/10ML) (ALOE BARBADENSIS : 50MG/10ML) (OCIMUM SANCTUM : 100 MG/10ML) (MENTHOL : 6 MG/10ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (100ML, PLASTIC BOTTLE)	3	9	0.0000