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

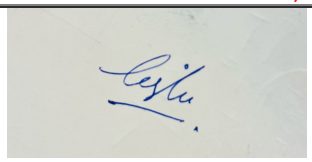
Date: 26-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-5524459-2
Card Holder's Name: GOURAV KUMAR Age: 25Y - 2M - 14D Sex: Male
Card Holder's Tel No: Mobile No: 0545104281
Ins Card No: I005-010-121768893-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.6 B.P.112 Pulse. 53
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: R03.1 - Nonspecific low blood-pressure reading, E86.0 - Dehydration, R50.9 - Fever, unspecified, R10.84 - Generalized a pain, R53.1 - Weakness, R11.0 - Nausea

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

0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P. , Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG SOLUTION FOR INJECTION , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,0005-136504-SCOPINAL , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: AISHA signature with seal:



Dr. Aisha Umer
Physician- General Practitio
DHA- 40131439-002
CITICARE MEDICAL CEN
DUBAI - U.A.E

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 abo mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 26-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK)	5	10

Medicine	Dose	Duration	Quantity
(VITAMIN B12 : 200 MCG) (THIAMINE (VITAMIN B1) : 100 MG) (PYRIDOXINE (VITAMIN B6) : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	30	30