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: 12-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-0210752-8
Card Holder's Name: SUNIL KUMAR SURINEEDA GANGADHAR SURINEEDA Age: 36Y - 5M - 15D Sex: Male
Card Holder's Tel No: Mobile No: 0545109753
Ins Card No: I005-010-117287584-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp37.9 B.P.142 Pulse. 100
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: K12.30 - Oral mucositis (ulcerative), unspecified, K21.00 - Gastro-esophageal reflux dis with esophagitis, without bleed, K29.00 - Acute gastritis without bleeding, R52 - Pain, unspecified, R50.9 - Fever, unspecified

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,1217-605301-4081, (ESOMEPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR SOLUTION FOR INJECTION/ INFUSION , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96372, THER/PROPH/DI
THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Con

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 12-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(BENZOCAINE : 10%) GEL	GEL (15G, PLASTIC TUBE)	5	1	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	14	14	0.0000
(SERRATIOPEPTIDASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	3	3	0.0000
(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	2	4	0.0000