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

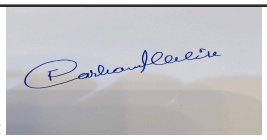
Date: 10-Jun-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1981-1754627-9
Card Holder's Name: KANOKWAN KRAITEP Age: 43Y - 10M - 13D Sex: Female
Card Holder's Tel No: Mobile No: 0523261899
Ins Card No: I005-010-116365656-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Thai

Clinical Details: Temp36.5 B.P.131 Pulse. 68
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: K29.00 - Acute gastritis without bleeding, K30 - Functional dyspepsia, R14.0 - Abdominal distension (gaseous)

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

0005-174202-0781, RISEK 40MG , Pharmacy,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Consultation,0005-136504-1021, SCOPINAL , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: Dr.Farhan Iyas signature with seal:



Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
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 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 10-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quantity | Price |
|---|---|---|---|---|
| (CALCIUM CARBONATE : 80 MG/5ML) (SODIUM BICARBONATE : 133.5 MG/5ML) (SODIUM ALGINATE : 250 MG/5ML) SUSPENSION | SUSPENSION (200ML, BOTTLE) | 5 | 1 | 0.0000 |
| (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS | FILM COATED TABLETS (14S, HDPE BOTTLE) | 14 | 14 | 0.0000 |