



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

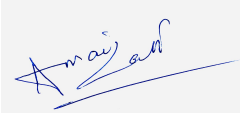
Medical Expenses Claim form

Date: 12-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-2070518-3
Card Holder's Name: NAGESH BACHE MAGR Age: 33Y - 10M - 4D Sex: Male
Card Holder's Tel No: Mobile No: 0569880498
Ins Card No: I005-010-120721959-01 Valid Upto: 30/9/2025
Company FMC Standard Employee No: Nationality: Nepalese
Name: Network



Clinical Details:	Temp 37	B.P. 138	Pulse. 84
Signs & Symptoms:	risk of fall		
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis:	L03.314 - Cellulitis of groin, R21 - Rash and other nonspecific skin eruption		

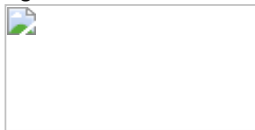
Management plan (Services inside the clinic including injections and investigations)	
0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy, 85027, COMPLETE CBC AUTOMATED , Lab, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 9, Consultation Gp , General Consultation	
Doctor's Name: DR Amaizah	signature with seal: 
Dr. Amaizah Ishtiaq General Practitioner DHA: 98486553-001 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 12-Jun-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(TERBINAFINE (AS HCL) : 1%) CREAM	CREAM (15G, TUBE)	10	1	23.0000
(FLUCONAZOLE : 150 MG) CAPSULES	CAPSULES (1S, BLISTER PACK)	4	4	2.8600
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7	0.0000