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: 01-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1981-1044225-2
Card Holder's Name: JARIYA YODTHAISONG Age: 43Y - 9M - 14D Sex: Female
Card Holder's Tel No: Mobile No: 0569014667
Ins Card No: I017-010-120120800-01 Valid Upto: 7/11/2025
Company Name: FMC Standard Network 3 Employee No: _____ Nationality: Thai

Clinical Details: Temp36.8 B.P.100 Pulse. 84
Signs & Symptoms: RISK OF FALL
Date of Onset Illness :
Diagnosis:

◯ Emergency ◯ Work related ◯ New visit ◯ Follow up visit

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,9.01, Free Follow-Up Consultation Of The Same Diagnosis Within 7 Days Of Initial Consultation By A General Practitioner. , General Consultation,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM , Co.Pay

Doctor's Name: SANDIA signature with seal:

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
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 01-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)