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

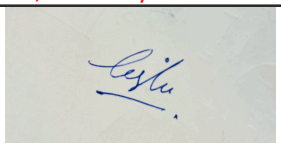
Date: 05-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-7363518-4
Card Holder's Name: BIKASH ROY BIJAY ROY Age: 30Y - 4M - 9D Sex: Male
Card Holder's Tel No: Mobile No: 0561531934
Ins Card No: I005-010-120488197-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36 B.P.122 Pulse. 92
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: N39.0 - Urinary tract infection, site not specified, R30.0 - Dysuria, M54.5 - Low back pain, R52 - Pain, unspecified, E86.0 - Dehydration

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

9, Consultation Gp , General Consultation,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,81005, URINALYSIS , Lab,0005-136504-1021, SCOPINAL , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P. , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,0005-149902-1021, CLOFEN , Pharmacy

Doctor's Name: AISHA signature with seal:



Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
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 05-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	10	1.1300
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	5	10	0.0000
(CELECOXIB : 200 MG) CAPSULES	CAPSULES (30S, BLISTER PACK)	5	5	0.0000
(SODIUM BICARBONATE : 1.76G) (SODIUM CITRATE ANHYDROUS : 0.63G) (TARTARIC ACID : 0.89G) (CITRIC ACID ANHYDROUS : 0.715 G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET)	5	10	0.0000