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

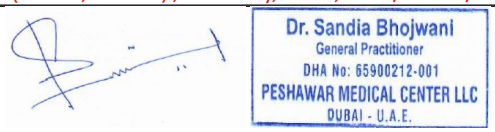
Date: 08-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-3018167-8
Card Holder's Name: KAMLESH CHOUHAN MAHENDRA SINGH CHOUHAN Age: 24Y - 0M - 0D Sex: Male
Card Holder's Tel No: Mobile No: 0565356514
Ins Card No: I005-010-122074634-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 37.5 B.P. 136 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: B01.9 - Varicella without complication, R50.9 - Fever, unspecified, R52 - Pain, unspecified, E86.0 - Dehydration, L29.8 - Other pruritus, K29.00 - Acute gastritis without bleeding, R11.0 - Nausea

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0384-207801-1002, LACTATED RINGER'S & DEXTROSE USP (CALCIUM CHLORIDE : N/A) (DEXTROSE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION SOLUTION FOR INFUSION (500ML, BOTTLE) , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96360, HYDRATION IV INFUSION INIT , Co.Pay,9, Consultation

Doctor's Name: SANDIA 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 08-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	7	0.0000
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	3	9	0.0000
(ASCORBIC ACID (VITAMIN C) : 120 MG) (VITAMIN D : 400 IU) (VITAMIN E : 30 IU) (THIAMINE (VITAMIN B1) : 1.8 MG) (RIBOFLAVINE (VITAMIN B2) : 1.7 MG) (NIACIN (VITAMIN B3; NICOTINIC ACID) : 20 MG) (PYRIDOXINE (VITAMIN B6) : 2.6 MG) (FOLIC ACID : 800 MCG) (VITAMIN B12 : 8 MCG) (IRON (AS FERROUS FUMARATE) : 28 MG) (ZINC : 25 MG) (DHA (DOCOSAHEXAENOIC ACID) : 200 MG) TABLET + SOFTGEL	TABLET + SOFTGEL (30 + 30, PLASTIC BOTTLE)	15	15	0.0000
(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10S, SACHET)	5	5	2.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.0000
(ACYCLOVIR : 800 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	35	0.0000

Medicine	Dose	Duration	Quantity	Price
(CALAMINE : 15% W/V) (ZINC OXIDE : 5% W/V) LOTION	LOTION (200ML, GLASS BOTTLE)	5	5	6.0000