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-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1963-1694369-3
Card Holder's Name: REVILSON PAULO FERNANDES Age: 61Y - 6M - 9D Sex: Male
Card Holder's Tel No: Mobile No: 0557890000
Ins Card No: I019-010-115402334-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network 3 Employee No:_____ Nationality: Indian

Clinical Details: Temp 36.4 B.P. 102 Pulse. 104
Signs & Symptoms: Known diabetic since 10 years ago.
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: R11.2 - Nausea with vomiting, unspecified, E86.0 - Dehydration, R68.83 - Chills (without fever), R52 - Pain, unspecified, R10.84 - Generalized abdominal pain, J30.9 - Allergic rhinitis, unspecified

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

2624-632002-0801, (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) POWDER FOR INJECTION , Pharmacy,0005-150403-1021, (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96374, THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG , Co.Pay,96372, THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM , Co.Pay,9, Consultation Gp [illegible]/E BLOOD XCPT REAGENT STRIP , Lab,96365, IV INFUSION THERAPY/PROPHYLAXIS /D

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 10-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quantity | Price |
|---|---|---|---|---|
| (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION | POWDER FOR SOLUTION (50S, SACHET) | 5 | 1 | 0.6600 |
| (DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 3 | 6 | 0.0000 |
| (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS | CAPLETS (24S, BOX) | 2 | 6 | 0.0000 |
| (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (14S, BLISTER) | 5 | 5 | 2.2900 |

| Medicine | Dose | Duration | Quantity | Price |
|---|---|---|---|---|
| (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (10S, BLISTER PACK) | 3 | 3 | 0.0000 |
| (L.ACIDOPHILUS : 3 BILLION) (S.THERMOPHILUS : 10 BILLION) (L.CASEI : 1 BILLION) (FRUCTOOLIGOSACCHARIDES : 3980 MG) (BIFIDOBACTERIUM BIFIDUM : 10 BILLION) (L. BULGARICUS : 1 BILLION) (L. SALIVARIUS : 10 BILLION) SOLUBLE POWDER | SOLUBLE POWDER (4.5G X10, SACHET) | 5 | 10 | 0.0000 |