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: 11-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-8687263-0
Card Holder's Name: SWASTHIK ALVA SATHISH ALVA Age: 25Y - 10M - 26D Sex: Male
Card Holder's Tel No: Mobile No: 0563174257
Ins Card No: I005-010-122698784-01 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.6 B.P.140 Pulse. 66
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: M79.672 - Pain in left foot, R52 - Pain, unspecified, R22.42 - Localized swelling, mass and lump, left lower limb

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

0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

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, o medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 11-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DICLOFENAC SODIUM (AS DIETHYLAMINE) : 10 MG/G) GEL	GEL (75G, DISPENSER)	5	1	0.0000
(SODIUM AESCINATE : 20 MG) TABLETS	TABLETS (40S, BOX)	5	10	0.6400
(CELECOXIB : 100 MG) CAPSULES	CAPSULES (30S, BLISTER)	5	10	0.0000