



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: 12-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-8687263-0

Card Holder's Name: SWASTHIK ALVA SATHISH ALVA Age: 25Y - 10M - 27D 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:	Temp 36.6	B.P. 130	Pulse. 58
Signs & Symptoms:	risk of fall		
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: M79.672 - Pain in left foot, R22.42 - Localized swelling, mass and lump, left lower limb, T14.90XA - Injury, unspecified, initial encounter, M21.42 - Flat foot [pes planus] (acquired), left foot			

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

Doctor's Name: KEERTHANA

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 12-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (12S, BLISTER)	3	6	0.0000
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	2	4	0.0000