

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: 14-Jul-2025

Ins Card No:

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-0903626-6

Age: 29Y - 5M -Card Holder's ARJUN MAGAR MANI KUMAR Sex:Male

Name: MAGAR

Card Holder's Tel No: Mobile No: 0543743629 1005-010-117038553-01 Valid Upto: 30/9/2025

Company **FMC Standard Employee** Name: Network No:



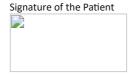
Clinical Details:	Temp <mark>38</mark>	B.P.132	Pulse. 88
Signs & Symptoms: risk	for fall		
Date of Onset Illness:		○ Emergency ○ Wo	ork related O New visit O Follow up visit
Diagnosis: J03.90 - Acut	te tonsillitis, unspecified, R07.0 -	Pain in throat, R50.9 - Fever, unspec	cified, R05 - Cough, R53.1 - Weakness, K29.00 -
Acute gastritis without	bleeding		

Management plan (Services inside the clinic including injections and investigations)						
2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARAC	ETAMOL: 10 MG/ML) SOLUTION FOR INFUSION, Pharmacy,0125-122107-102	2,				
DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETH	ASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,9, Consultation Gp ,	Genera				
Consultation,96372, THER/PROPH/DIAG INJ SC/IM, C	o.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay					
	ارانی بادیبورایل ثارا Dr. Keerthana Rani Padippuroyil Tha General Practitioner License No.: 37844046-0 سرکسر سیتیکیر الطبی ذم م	70 D1				
Doctor's Name: KEERTHANA	signature with seal:	9)				

Diagnostic Procedures referred outside:		
Diagnostic i roccadi es 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 abovementioned 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.

Date 14-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10	0.0000
(PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) TABLETS	TABLETS (24S, BLISTER PACK)	2	6	0.0000
(POVIDONE IODINE : 1%) MOUTHWASH-SOLUTION	MOUTHWASH-SOLUTION (250ML, PLASTIC BOTTLE)	3	1	0.0000
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	75	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	1	0.0000