



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: 21-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-4546114-6
Card Holder's Name: SUSHAT KUMAR Age: 26Y - 7M - 20D Sex: Male
Card Holder's Tel No: Mobile No: 0563233076
Ins Card No: I005-010-122774631-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details:	Temp 36.8	B.P. 132	Pulse. 108
Signs & Symptoms:	risk of fall		
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis:	J03.90 - Acute tonsillitis, unspecified, J30.89 - Other allergic rhinitis, R05 - Cough, K29.00 - Acute gastritis without bleeding		

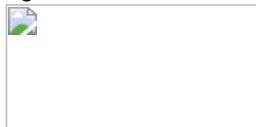
Management plan (Services inside the clinic including injections and investigations)	
0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy, 0006-402803-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION , Pharmacy, 94640, AIRWAY INHALATION TREATMENT , Co.Pay, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation	
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 21-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER PACK)	5	5	0.0000
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	5	75	0.0000
(LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	3	9	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	5	0.0000