



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: 22-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1984-8512574-8

Card Holder's Name: JAYA RATAN KAMBLE

Age: 41Y - 2M - 10D Sex: Female

Card Holder's Tel No:

Mobile No:

0509398753

Ins Card No: I005-010-120106903-01

Valid Upto:

30/9/2025

Company Name: FMC Standard Network Employee No: _____ Nationality: Indian



Clinical Details:

Temp 36.8

B.P. 100

Pulse. 62

Signs & Symptoms: RISK OF FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: N39.0 - Urinary tract infection, site not specified, R30.0 - Dysuria, R50.9 - Fever, unspecified, E86.0 - Dehydration, I95.9 - Hypotension, unspecified, R52 - Pain, unspecified

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,81005, URINALYSIS , Lab,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC

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

Signature of the Patient



Date 22-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(SODIUM BICARBONATE : 1.76G) (SODIUM CITRATE ANHYDROUS : 0.63G) (TARTARIC ACID : 0.89G) (CITRIC ACID ANHYDROUS : 0.715 G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET)	5	10	0.0000
(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	5	10	0.0000