ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565

Medical Expenses Claim form

Date: 30-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-3690952-7
Card Holder's Name: SOMEN PAUL Age: 29Y - 5M - 23D Sex: Male
Card Holder's Tel No: Mobile No: 0582312762
Ins Card No: I019-010-120922157-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36 B.P.120 Pulse. 90
Signs & Symptoms: risk for fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit
Diagnosis: M54.5 - Low back pain, R52 - Pain, unspecified, M79.18 - Myalgia, other site, R25.2 - Cramp and spasm

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

0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General C

Doctor's Name: Dr.Farhan Iyas 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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, F person who has provided medical services to me to furnish any and all information with regard to any medical histor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duratio
(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5

Medicine	Dose	Duratio
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	5