



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

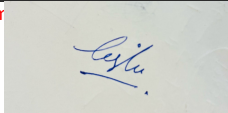
Medical Expenses Claim form

Date: 31-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-1990495-9
Card Holder's Name: ARVIND UPADHYAY HARENDRA Age: 23Y - 9M - 4D Sex: Male
Card Holder's Tel No: Mobile No: 0566368990
Ins Card No: I005-010-121075926-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details:	Temp 36.6	B.P. 120	Pulse. 70
Signs & Symptoms:	RISK OF FALL		
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis:	J21.9 - Acute bronchiolitis, unspecified, R50.9 - Fever, unspecified, R05 - Cough, R06.2 - Wheezing, I95.9 - Hypotension, unspecified		

Management plan (Services inside the clinic including injections and investigations)	
0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 96375, TX/PRO/DX INJ NEW DRUG ADDON , Co.Pay, 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, 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy, 96375, Free Follow-Up Consultation Gp , General Consultation	
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 31-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)