FMC NETWORK UAE
WE TAKE CARE OF YOU

ANNEXURE V

F M C NETW

P. O. BOX: 50430, DUBAI, **Tel** – (
Email – approval@fmchealthcare.ae

Medical Expenses Claim for

Date: 02-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-5977896-2
Card Holder's Name: RASHI BHATT BHAGYESH OMPRAKASH BHATT Age: 25Y - 8M - 25D Sex: Fema
Card Holder's Tel No: Mobile No: 0563027548
Ins Card No: I005-010-121212090-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: India

Clinical Details: Temp37.3 B.P.130
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergenc
Diagnosis: J03.90 - Acute tonsillitis, unspecified, R11.0 - Nausea, R50.9 - Fever, unsp

Management plan (Services inside the clinic including injections and investigation

85027, COMPLETE CBC AUTOMATED , Lab,86060, ANTISTREPTOLYSIN O TITER , Lab,
PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,
INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation
LACTATED RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PRO
PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION

Doctor's Name: DR Amaizah signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical se
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby
person who has provided medical services to me to furnish any and all information
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 02-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose
(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRA SPRA
(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM (20S
(PREDNISOLONE : 5 MG) TABLETS	TABL PACK
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABL