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: 06-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1977-3652195-2
Card Holder's Name: MONICA MWIKALI MUNYAO Age: 48Y - 0M - 10D Sex: Female
Card Holder's Tel No: Mobile No: 0543831977
Ins Card No: I019-010-115341080-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Kenyan

Clinical Details: Temp38.1 B.P.160 Pulse. 102
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: J30.89 - Other allergic rhinitis, R52 - Pain, unspecified, R05 - Cough, R50.9 - Fever, unspecified, R09.81 - Nasal conge - Acute gastritis without bleeding

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0125-1221C DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,85025, COMPI W/AUTO DIFF WBC , Lab,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 06-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	3	12
(AZITHROMYCIN DIHYDRATE : 500 MG) TABLETS	TABLETS (6S, BLISTER)	5	5
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	5

Medicine	Dose	Duration	Quan
(DESLORATADINE : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	5	5