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: 15-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-4101620-1
Card Holder's Name: RAHUL TEWARI LALIT MOHAN TEWARI Age: 28Y - 8M - 16D Sex: Male
Card Holder's Tel No: Mobile No: +918477053761
Ins Card No: I019-010-120285345-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.8 B.P. 150 Pulse. 94
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: R50.9 - Fever, unspecified, M62.838 - Other muscle spasm, R51.9 - Headache, unspecified, R05 - Cough

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Phar
149902-0511, (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION , Pharmacy,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,96
THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: KEERTHANA signature with seal:

راني باديبورايل ثارا
Dr. Keerthana Rani Padip
General Practi
License No.: 37864
CITICARE MEDICAL C

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 15-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) FILM COATED TABLETS	FILM COATED TABLETS (72S, BLISTER)	3	9
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	5	1
(POVIDONE IODINE : 1%) GARGLE	GARGLE (125ML, BOTTLE)	5	1