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: 784-1999-8651100-6
Card Holder's Name: THARUSHI KAVINDAYA NETHMINI BULATHSINGHALAGE Age: 26Y - 3M - 4D Sex: Female
Card Holder's Tel No: Mobile No: 0528470071
Ins Card No: I005-010-121540583-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 36.9 B.P. 122 Pulse. 90
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: E79.0 - Hyperuricemia w/o signs of inflam arthrit and tophaceous dis, R52 - Pain, unspecified, M25.69 - Stiffness of specified joint, not elsewhere classified

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

86430, RHEUMATOID FACTOR TEST QUAL , Lab,84550, ASSAY OF BLOOD/URIC ACID , Lab,0125-122107-1022, DEXAMETHASON PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co. COMPLETE CBC W/AUTO DIFF WBC , Lab,9, Consultation Gp , General Consultation

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 15-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantit
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	3	6
(DICLOFENAC DIETHYLAMINE : 11.6 MG/ G) GEL	GEL (50G, TUBE)	5	10