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

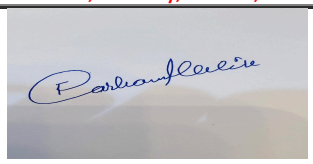
Date: 16-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-6640304-7
Card Holder's Name: MONIKA NEGI MAHENDRA SINGH NEGI Age: 30Y - 11M - 1D Sex: Female
Card Holder's Tel No: Mobile No: 0508112868
Ins Card No: I019-010-123014011-01 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.2 B.P. 90 Pulse. 75
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: K29.00 - Acute gastritis without bleeding, R10.13 - Epigastric pain, R11.2 - Nausea with vomiting, unspecified, R03.
Nonspecific low blood-pressure reading, R53.1 - Weakness

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

1217-605301-4081, (ESOMEPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR SOLUTION FOR INJECTION/ INFUSION , Pharmacy,
1001, LACTATED RINGERS INJECTION USP , Pharmacy,0005-150403-1021, PREMOSAN , Pharmacy,96361, HYDRATE IV INFUSIO
Co.Pay,85027, COMPLETE CBC AUTOMATED , Lab,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96372, THER/PROPH/DIAG I
Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Dr.Farhan Iyas signature with seal:



Dr .Frahan Ilyas
Physician-General P
DHA-0644178
CITICARE MEDICAL
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 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 16-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK)	3	9
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	3	9
(SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET)	3	3