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: 18-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-2758002-0
Card Holder's Name: TEYASHA PAL NARAYAN PAL Age: 27Y - 2M - 26D Sex: Female
Card Holder's Tel No: Mobile No: 0545462485
Ins Card No: I019-010-119814474-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.8 B.P.110 Pulse. 70
Signs & Symptoms:
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecified, J45.991 - Cou asthma, R06.2 - Wheezing

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

85027, COMPLETE CBC AUTOMATED , Lab,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,2190-10 PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,94640, AIRWAY INHALATION TR Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,9.01, Free Follow-Up Consultation Gp , General Consultation,96374, THER INJ IV PUSH , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah I
General Practit
DHA: 98486553
CITICARE MEDICA
DUBAI - U.A

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 18-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(PARACETAMOL : 325 MG) (PSEUDOEPHEDRINE : 30 MG) CAPLETS	CAPLETS (24S, BLISTER PACK)	7	1
(FLUTICASONE PROPIONATE : 125 MCG/DOSE) (SALMETEROL (AS XINAFOATE) : 25 MCG/DOSE) AEROSOL INHALER	AEROSOL INHALER (120 DOSE, METERED DOSE INHALER)	14	1