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: 20-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-0903626-6
Card Holder's Name: ARJUN MAGAR MANI KUMAR MAGAR Age: 29Y - 6M - 30D Sex: Male
Card Holder's Tel No: Mobile No: 0543743629
Ins Card No: I005-010-117038553-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Nepalese

Clinical Details: Temp 38.7 B.P. 112 Pulse. 92
Signs & Symptoms: risk for fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: J03.90 - Acute tonsillitis, unspecified, R07.0 - Pain in throat, R50.9 - Fever, unspecified, R53.1 - Weakness, K29.60 - (without bleeding, R05 - Cough

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,0125-1221(DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: KEERTHANA signature with seal:

راني باديبورايل ثارا
Dr. Keerthana Rani Padip
General Practi
License No.: 3786
بتيكير الطبي ذم م
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 20-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	1
(PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) TABLETS	TABLETS (24S, BLISTER PACK)	2	6
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10

Medicine	Dose	Duration	Quan
(ASCORBIC ACID (VITAMIN C) : 1000 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (20S, TUBE)	10	10