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

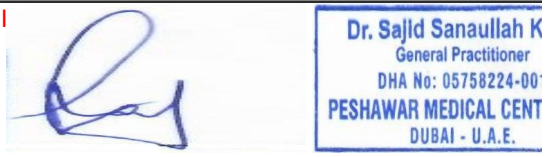
Date: 01-Dec-2023
Clinic Name: Irham Medical Center Arjan Emirates: 784-1999-3863979-8
Card Holder's Name: MD MOSAROF HOSSAIN MD JAHANGIR Age: 23Y - 11M - 1D Sex: Male
Card Holder's Tel No: Mobile No: 0545362547
Ins Card No: I011-010-118022354-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Bangladeshi

Clinical Details: Temp 35.8 B.P. 100 Pulse. 70
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, E03.9 - Hypothyroidism, unspecified, D64.9 - Anemia, unspecifie - Dehydration

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

9, Consultation Gp , General Consultation,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (PO CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FO INJECTION , Pharmacy,82962, GLUCOSE BLOOD TEST , Lab,96372, THER/PROPH/DI

Doctor's Name: Sajid Sanaullah 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 abo mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 01-Dec-2023

Pharmaceuticals (to be filled by treating doctor only)