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

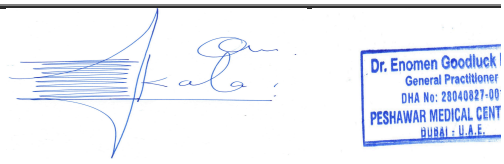
Date: 19-Apr-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1995-6135536-5
Card Holder's Name: YAKUWA SARU MAGAR Age: 28Y - 5M - 8D Sex: Male
Card Holder's Tel No: Mobile No: 0529099626
Ins Card No: I011-010-119026412-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____Nationality:Nepalese

Clinical Details: Temp37 B.P.127 Pulse. 80
Signs & Symptoms: risk of fal
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: S91.311D - Laceration without foreign body, right foot, subs encntr, L03.031 - Cellulitis of right toe

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

9.01, Free Follow-Up Consultation Gp , General Consultation,51.01, Non-Surgical Cleansing With Surgical Dressing 16 Sq Inches , Centimeters Or Less , General Consultation

Doctor's Name: Enomen Goodluck 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 ab mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy o person who has provided medical services to me to furnish any and all information with regard to any medical history, medical c medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 19-Apr-2024

Pharmaceuticals (to be filled by treating doctor only)