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: 30-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-0210752-8
Card Holder's Name: SUNIL KUMAR SURINEEDA GANGADHAR SURINEEDA Age: 36Y - 0M - 3D Sex: Male
Card Holder's Tel No: Mobile No: 0545109753
Ins Card No: I005-010-117287584-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36 B.P.120 Pulse. 86
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: R50.9 - Fever, unspecified, R68.84 - Jaw pain, K12.39 - Other oral mucositis (ulcerative), J20.9 - Acute bronchitis, unspe
K21.9 - Gastro-esophageal reflux disease without esophagitis

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE MG/ML) SOLUTION FOR INJECTION , Pharmacy,9, Consultation Gp , General Consultation

Doctor's Name: AHSAN HUSSAIN 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 co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14

Medicine	Dose	Duration	Quantity
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	7	14
(SYMPLOCOS RACEMOSA (LODHRA) : 3 MG/1G) (RASANA : 1.6 MG/1G) (TAGAR : 3.2 MG/1G) (KUSHTHA : 4.8 MG/1G) (IRIMED : 134 MG/1G) (KHADIR : 134 MG/1G) (KARPOOR : 1 MG/1G) (YASTIMADHU : 40 MG/1G) (SHARKARA : 150 MG/1G) (CAFFEINE ANHYDROUS : 1.5 MG/1G) (COOL MINT : 25.04 MG/1G) GEL	GEL (10G, ALUMINIUM TUBE)	7	1