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: 26-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-2521328-5
Card Holder's Name: NEETA HARIBHAI KHIMSURIYA HARIBHAI ANANDBHAI KHIMSURIYA Age: 26Y - 7M - 8D Sex:Female
Card Holder's Tel No: Mobile No: 0568678104
Ins Card No: I005-010-121540611-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp37.6 B.P.120 Pulse. 84
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: J03.90 - Acute tonsillitis, unspecified, J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R50.9 - Fe unspecified, E86.0 - Dehydration

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

85027, COMPLETE CBC AUTOMATED , Lab,0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,2190-106618-1001, PARAI 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM , Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,0439-15 LACTATED RINGERS INJECTION USP , Pharmacy,94640, AIRWAY INHALATION TREAT t Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV INFUSION TH 1

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah I
General Practit
DHA: 98486553
CITICARE MEDICAL
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 26-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)