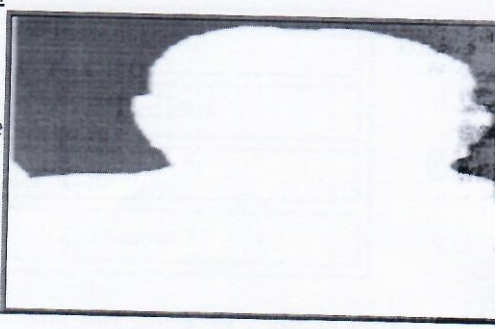
ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, P. O. BOX: 127452, ABU DHABI
Tel – 04 3977841, Fax – 04 3977842
Email – claims@fmchealthcare.ae Toll Free: 800 3426

Medical Expenses Claim form



Date: 14-Jun-2022
Clinic Name: Irham Medical Center Arjan Emirates: 784-2001-9179496-3
Card Holder's Name: RAVI VARNAM CHINNARAJAM VARNAM Age: 20Y - 6M - 2D Sex:Male
Card Holder's Tel No: Mobile No: 0566107481
Ins Card No: I011-010-118069075-01 Valid Upto: 4/5/2023
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Indian

Clinical Details: Temp B.P. Pulse.
Signs & Symptoms: Severe Flank pain 10/10
Date of Onset Illness :
Diagnosis: Renal Colicli
○ Emergency ○ Work related ○ New visit ○ Follow up v

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

IVF, Buscopan, Dulopress

Doctor's Name: Sajid Sanaullah signature with seal:

Diagnostic Procedures referred outside:

USG

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 14-Jun-2022

Dr. Sajid Sanaullah Khan
General Practitioner
Dha No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Pharmaceuticals (to be filled by treating doctor only)