## **Medical Care Form**

Claim number: 23244

1. Healt	:h Insurance System Inform	Filling Instructions					
SAM code:		Write legibly					
SAM:		ID obligatoire					
Information & Access To Health Care			2. Patient Policy	3. Infos Reference Medical Center			
Primary insured	Matricule:			Date and Time:			
	Nom:	Suyesh 1	15151 2023-09-02	Agreed healthcare network:			
	Carte ID:	22					
	Full Name (first, middle, last):	Suyesh 1	15151 2023-09-02				
Patient	Age:	0.3		Prescribing Doctor / orientation: fdgdg dfgdg fgdfg			
	Marital Status :						
	Gender :	Male					
4. Details Of M	edical Procedures:						
Date	Code	Designat acts)	tion (Medical	Coefficient	Rate	Total Cost	

<u>Important:</u> The validity of this form cannot	Total amount:		
date of issue	To be paid by the patient		
Assignment code		To be paid by the insurance company	

Patient signature Signature and stamp medical Healthcare centre Doctor  6. Medicines  Prescribed (Section Reserved For	Information & Access To Health Care			2. Patient Policy		3. I	3. Infos Reference Medical Center				
Important: The validity of this form cannot exceed 5 days from the date of issue    To be paid by the patient											
Assignment code  To be paid by the insurance company  5. Details Of Paramedical Procedures:  Date Code Designation (Medical acts) Coefficient Rate Total Cost  Important: The validity of this form cannot exceed 5 days from the date of issue  To be paid by the patient  To be paid by the patient  To be paid by the insurance company  Patient signature  Signature and stamp medical Healthcare centre  Prescribed (Section Reserved For The Pharmacist  Doctor)  No: Drugs  Dosage Quantity Total Cost	Important: The validity of this form cannot excee				excee	d 5 days	from the		Tota	l amount:	
5. Details Of Paramedical Procedures:  Date Code Designation (Medical acts) Coefficient Rate Total Cost  Important: The validity of this form cannot exceed 5 days from the date of issue  To be paid by the patient  To be paid by the insurance company  Patient signature Signature and stamp medical Healthcare centre Prescribed (Section Reserved For The Prescribing For The Pharmacist For The Pharmacist Doctor)  No: Drugs Dosage Quantity Total Cost	date (	of issue							To be paid by the patient		
Date Code Designation (Medical acts) Coefficient Rate Total Cost    Important: The validity of this form cannot exceed 5 days from the date of issue	Assigı	nment c	ode								
Important: The validity of this form cannot exceed 5 days from the date of issue  To be paid by the patient  To be paid by the insurance company  Patient signature  Signature and stamp medical Healthcare centre  Frescribed (Section Reserved For  The Prescribing  Octor  Dosage Quantity  Dosage Quantity  Total amount:  To be paid by the insurance company  Signature and stamp of the Doctor						5. Det	ails Of P	arame	edical Procedu	ıres:	
Important: The validity of this form cannot exceed 5 days from the date of issue	Date	Date Code Designation (Medical acts)			acts)		Coefficient Rate Tota		Total Cost		
Important: The validity of this form cannot exceed 5 days from the date of issue  To be paid by the patient  To be paid by the insurance company  Patient signature  Signature and stamp medical Healthcare centre  Octor  6. Medicines  The Prescribed (Section Reserved For The Pharmacist  Doctor)  Dosage Quantity Total Cost											
Important: The validity of this form cannot exceed 5 days from the date of issue  To be paid by the patient  To be paid by the insurance company  Patient signature  Signature and stamp medical Healthcare centre  Octor  6. Medicines  The Prescribed (Section Reserved For The Pharmacist  Doctor)  Dosage Quantity Total Cost											
Important: The validity of this form cannot exceed 5 days from the date of issue  To be paid by the patient  To be paid by the insurance company  Patient signature  Signature and stamp medical Healthcare centre  Octor  6. Medicines  The Prescribed (Section Reserved For The Pharmacist  Doctor)  Dosage Quantity Total Cost											
Patient signature  Signature and stamp medical Healthcare centre  Company  Assignment code  Patient signature  Signature and stamp medical Healthcare centre  Cottor  6. Medicines  The Prescribed (Section Reserved For  The Prescribing  Doctor  Dosage Quantity Total Cost	<u>lmportant:</u> The validity of this form cannot excee			excee	d 5 days			Total amount:			
Patient signature  Signature and stamp medical Healthcare centre  Company  Signature and stamp of the Doctor  Company  Signature and stamp of the Doctor  6. Medicines The Prescribed (Section Reserved For The Pharmacist  Prescribing  Doctor)  Dosage Quantity Total Cost	from	the date	of issue				To be	paid	by the patient		
Prescribed (Section Reserved For  The Prescribing  Doctor  The Prescribing  Doctor  Doctor  Doctor  Section Reserved  For The Pharmacist  Doctor  Doctor	Assigı	nment c	ode								
Prescribed (Section Reserved For  The Prescribing  Doctor)  Doctor  Dosage Quantity  Total Cost	Patient signature Signature and stamp med				o med	ical Heal	Signature and stamp of the Doctor			d stamp of the	
					The		Section Reserved				
1 glibenclamide teva 5 mg, comprimé sécable 43 234 7956	No: Drugs			Dosage	Quantity	Total	Fotal Cost				
	1 glibenclamide teva 5 mg, comprimé sécable			43 2	234	7956					
Total amount: 7956.00  Important: The prescribing				Total an	nount:	7956.00					

Prescrik each Doctor)	practitioner will ped (Section Reserved For indicate the duration of treatment for drug,	6. Medicines The Prescribing	Section Reserved For The Pharmacist	
and	this form is valid only for one pharmacy	To be paid by the patient (%)	5250.96	
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	2705.04	
Signature and stamp Prescribing Doctor		Signature and stamp Pharmacist		