

# Medical Care Form

Claim number :gdhg


1. Health Insurance System Information			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 15151 2023-09-02			Agreed healthcare network:
Patient	Carte ID:	22			
	Full Name (first, middle, last):	Suyesh 15151 2023-09-02			
	Age:	0.3			Prescribing Doctor / orientation:
	Marital Status :				
	Gender :	Male			
4. Details Of Medical Procedures:					
Date	Code	Designation (Medical acts)	Coefficient	Rate	Total Cost

<u>Important:</u> The validity of this form cannot exceed 5 days from the date of issue	Total amount:		
	To be paid by the patient		
Assignment code		To be paid by the insurance company	

Information & Access To Health Care			2. Patient Policy		3. Infos Reference Medical Center	
<u>Important:</u> The validity of this form cannot exceed 5 days from the date of issue			Total amount:			
			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	
<u>Important:</u> The validity of this form cannot exceed 5 days from the date of issue			Total amount:			
			To be paid by the patient			
Assignment code			To be paid by the insurance company			
Patient signature		Signature and stamp medical Healthcare centre		Signature and stamp of the Doctor		

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6. Medicines Prescribed (Section Reserved For The Doctor)			Section Reserved For The Pharmacist		
No:	Drugs	Dosage	Quantity	Total Cost	
1				100	

Prescribed (Section Reserved For Doctor)				6. Medicines The Prescribing	Section Reserved For The Pharmacist
2				40	
3				12000	
<p><u>Important:</u> The prescribing practitioner will indicate the duration of treatment for each drug, and this form is valid only for one pharmacy and its validity cannot exceed 72 hours after delivery</p>	Total amount:		12140.00		
	To be paid by the patient (%)		8012.40		
	To be paid by MAADO		4127.60		
Signature and stamp Prescribing Doctor		 Signature and stamp Pharmacist			