Medical Care Form

Claim number:wsqwsd

1. Health Insurance System Information		Filling Instructions				
SAM code:			Write legibly			
SAM:			ID obligatoire			
Information & Access To Health Care			3. Infos Reference Medical Center			
Matricule:	ule:		Date and Time:			
Nom:			Agreed healthcare	e networ	·k:	
Carte ID:						
Age:			Prescribing Docto qws qws qw	r / orien	tation:	
Marital Status :						
Gender :						
4. Details Of Medical Procedures:						
l one	Designation (Medical acts)		Coefficient	Rate	Total Cost	
	Access To Health Care Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender:	Access To Health Care Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status : Gender : edical Procedures: Designation	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status : Gender : edical Procedures: Code Designation (Medical	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender: Code Designation (Medical Coefficient	Write legibly ID obligatoire 2. Patient Policy Matricule: Date and Time: Nom: Agreed healthcare networ Carte ID: Full Name (first, middle, last): Age: Prescribing Doctor / orien qws qws qw Marital Status : Gender : edical Procedures: Code Designation (Medical Coefficient Rate	

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

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 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 To be paid by the insurance company	Information & Access To Health Care			2. Patient Policy		s Referend	ce Medical		
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 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 Signature and stamp of the									
Assignment code To be paid by the patient 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 insurance company Signature and stamp of the	Important: The validity of this form cannot excee			exceed 5 days t	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 Assignment code To be paid by the insurance company Signature and stamp of the						To be	To be paid by the patient		
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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 Signature and stamp of the				5. Det	ails Of Pa	ramedica	l Procedu	res:	
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 Signature and stamp of the	Date	Code	Designation (Medical a	acts)	Coefficie	nt 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 Signature and stamp of the									
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Assignment code To be paid by the patient To be paid by the insurance company				xceed 5 days		Total	l amount:		
Assignment code company	from the date of issue				To be	paid by th	ie patient		
Signature and stamp of the	Assignment code				-				
Patient signature Signature and stamp medical Healthcare centre Doctor	Patient signature Signature and stamp medical Hea			Signature and stamp of the Doctor					
Prescribed (Section Reserved For The Prescribing Doctor) 6. Medicines Section Reserve For The Pharmacist	Prescribed (Section Reserved For Th Pr				Section Reserved				
No: Drugs Dosage Quantity Total Cost	No:	Dru	ıgs	Dosage	QuantityT	otal Cost			
1 1 1 1	1	ttt		1 1	1				
Total amount: 1.00 Important: The prescribing	In	<u> </u>		Total am	ount: 1	.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 (%)	0.40
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	0.60
Sigı	nature and stamp Prescribing Doctor	Signa	ਟੁ ture and stamp Pharmacist