Medical Care Form

Claim number: 909090

1. Heal	th Insurance System Inforn	nation	Filling Instructions					
SAM code:			Write legibly					
SAM:			ID obligatoire	·e				
Information &	Access To Health Care		2. Patient Policy	3. Infos Reference Medical Center				
Primary	Matricule:			Date and Time:				
insured	Nom:	Laura Ma 20	rhysa 1978-01-	Agreed healthcare network:				
	Carte ID:	594565						
	Full Name (first, middle, last):	Laura Ma 20	rhysa 1978-01-					
Patient	Age:	45.8	Prescribing Doctor / oriental 09090 909090 909090			tion:		
	Marital Status :							
	Gender :	der : Female						
4. Details Of Medical Procedures:								
Date	Code	Designation (Medical acts)		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	

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 insurance company To be paid by the insurance company To be paid by the insurance company From the date of issue To be paid by the insurance company Signature and stamp medical Healthcare centre Doctor Frescribed (Section Reserved For The Pharmacist For The Pharmacist Prescribing Doctor) No: Drugs Dosage Quantity Total Cost 1 gabapentine ranbaxy 400 mg, gélule 90 90 8100 Total amount:	Information & Access To Health Care			2. Patient Policy		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 insurance company											
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 insurance company Assignment code Patient signature Signature and stamp medical Healthcare centre Frescribed (Section Reserved For The Pharmacist For The Pharmacist Prescribing For The Pharmacist Prescribing For The Pharmacist Doctor) No: Drugs Dosage Quantity Total Cost 1 gabapentine ranbaxy 400 mg, gélule 90 90 8100	<u>Impo</u>	ortant	: The \	validity	y of this form canno	t 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 Assignment code To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre Signature and stamp of the Doctor Prescribed (Section Reserved For The Pharmacist For The Pharmacist Doctor) No: Drugs Dosage Quantity Total Cost 1 gabapentine ranbaxy 400 mg, gélule 90 90 8100	date	of iss	ue								
Date Code Designation (Medical acts) Coefficient Rate Total Cost Important: The validity of this form cannot exceed 5 days from the date of issue	Assig	gnmer	nt cod	e							
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 Section Reserved For The Pharmacist Doctor Dosage Quantity Total Cost 1 gabapentine ranbaxy 400 mg, gélule 90 90 8100							5. Det	ails Of P	arame	edical Procedu	ıres:
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 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Section Reserved For The Pharmacist Dosage Quantity Total Cost gabapentine ranbaxy 400 mg, gélule 90 90 8100	Date	Date Code Designation (Medical acts)			al acts)		Coefficie	ient 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 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Posage Quantity Total Cost gabapentine ranbaxy 400 mg, gélule 90 90 8100											
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 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Posage Quantity Total Cost gabapentine ranbaxy 400 mg, gélule 90 90 8100											
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 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Section Reserved For The Pharmacist Dosage Quantity Total Cost gabapentine ranbaxy 400 mg, gélule 90 90 8100											
To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre Doctor G. Medicines The Prescribed (Section Reserved For The Pharmacist Doctor) Dosage Quantity Total Cost gabapentine ranbaxy 400 mg, gélule 90 90 8100	<u>lmpc</u>	ortant	<u>:</u> The \	validity	y of this form canno	t excee	d 5 days			Total amount:	
Patient signature Signature and stamp medical Healthcare centre Gignature and stamp of the Doctor Company Signature and stamp of the Doctor 6. Medicines The Prescribing For The Pharmacist Doctor) No: Drugs Dosage Quantity Total Cost 1 gabapentine ranbaxy 400 mg, gélule 90 90 8100						To be	paid	by the patient			
Prescribed (Section Reserved For The Prescribing Doctor Doctor Section Reserved For The Pharmacist Doctor Doctor Total Cost gabapentine ranbaxy 400 mg, gélule 90 90 8100	Assig	gnmer	nt cod	е							
Prescribed (Section Reserved For The Prescribing Doctor) Dosage Quantity Total Cost 1 gabapentine ranbaxy 400 mg, gélule 90 90 8100	Patient signature Signature and stamp me					np med	ical Heal	thcare ce	entre	_	d stamp of the
1 gabapentine ranbaxy 400 mg, gélule 90 90 8100					The	Section Reserved					
	No:	Drugs	5				Dosage	Quantity	Total	Cost	
Total amount: 8100.00	1 gabapentine ranbaxy 400 mg, gélule			90	90	8100					
Important: The prescribing					Total am	ount:	nt: 8100.00				

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 (%)	7938.00	
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	162.00	
Signature and stamp Prescribing Doctor		Signature and stamp Pharmacist		