Medical Care Form

Claim number: 24234

h Insurance System Inform	Filling Instructions					
	Write legibly					
	ID obligatoire					
Access To Health Care		2. Patient Center Policy			al	
Matricule:			Date and Time:			
Nom:	Dhiraj (G. 2000-06-18	Agreed healthcare network:			
Carte ID:	567777	,				
Full Name (first, middle, last):	Dhiraj (G. 2000-06-18				
Age:	23.4		Prescribing Doctor / orientation: aaaa axsa asx			
Marital Status :						
Gender :	Male					
edical Procedures:						
Code	Designation (Medical acts)		Coefficient	Rate	Total Cost	
	Access To Health Care Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender: edical Procedures:	Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Age: 23.4 Marital Status: Gender: Male Male Code Designa	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Dhiraj G. 2000-06-18 Carte ID: 5677777 Full Name (first, middle, last): Age: 23.4 Marital Status: Gender: Male edical Procedures: Designation (Medical	Write legibly ID obligatoire 2. Patient Policy Matricule: Date and Time: Nom: Dhiraj G. 2000-06-18 Agreed healthcar Carte ID: 5677777 Full Name (first, middle, last): Age: 23.4 Prescribing Doctor aaaa axsa asx Marital Status: Gender: Male Designation (Medical Coefficient	Write legibly ID obligatoire 2. Patient Center Policy Matricule: Date and Time: Nom: Dhiraj G. 2000-06-18 Agreed healthcare network Carte ID: Full Name (first, middle, last): Age: Age: 23.4 Prescribing Doctor / orien aaaa axsa asx Marital Status: Gender: Male 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	

Information & Access To Health Care		2. Patient Policy			. Infos Referer enter	ice Medical				
<u>Important:</u> The validity of this form cannot excee				xcee	d 5 days 1	from the		Tota	al amount:	
date of issue								To be paid by the patient		
Assignment code					To be paid by the insurance company					
5. Details Of Paramedical Procedures:						ıres:				
Date Code Designation (Medical acts)			Coefficient Rate		Rate	Total Cost				
<u>Important:</u> The validity of this form cannot excee			xcee	d 5 days			Total amount			
from the date of issue				To be pa		e paic	l by the patient			
Assignment code					To be paid by the insurance company					
P	Patient signature Signature and stamp medical Heal					Signature and stamp of the Doctor				
Prescribed (Section Reserved For Tl				6. Med The Presci	Section Reserved For The Pharmacist					
	Drugs					Dosage (Quantity	Total	Cost	
			cord	5 mg, comprimé pellic	culé		13	1462		
						Total am	ount:	1462	.00	
<u>Important:</u> The prescribing										

Prescrib 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 (%)	292.40	
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	1169.60	
Signature and stamp Prescribing Doctor		Signature and stamp Pharmacist		