


# Medical Care Form

Claim number :12345678

1. Health Insurance System Information			Filling Instructions		
SAM code:			Write legibly		
SAM:			ID obligatoire		
2. Patient Information & Access To Health Care 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: gfdgfgdf fgdgdf		
	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

Patient Information & Access To Health Care Policy				2.		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		
6. Medicines Prescribed (Section Reserved For The Prescribing Doctor)				Section Reserved For The Pharmacist			
No:	Drugs		Dosage	Quantity	Total Cost		
1	aripiprazole sandoz 10 mg, comprimé orodispersible		453	4	1380		
<u>Important:</u> The			Total amount:		1380.00		

prescribing practitioner will indicate the duration of treatment for each Prescribing Doctor)	6. The	Section Reserved For The Pharmacist
drug, this form is valid only for one pharmacy and its validity cannot exceed 72 hours after delivery	To be paid by the patient (%)	910.80
	To be paid by MAADO	469.20
Signature and stamp Prescribing Doctor	 Signature and stamp Pharmacist	