Medical Care Form

Claim number:

lth Insurance System Inforn	Filling Instructions					
	Write legibly					
		ID obligatoire				
& Access To Health Care			3. Infos Reference Medical Cei			
Matricule: Primary			Date and Time:			
Nom:	Prashant	t 2000-10-10	Agreed healthcare network:			
Carte ID:						
Full Name (first, middle, last):	Prashant	t 2000-10-10				
Age:	23.3		Prescribing Doctor / orientation: sdfdsf dsfds dsfdsf			
Marital Status :						
Gender :	Male					
Medical Procedures:						
Code	Designation (Medical acts)		Coefficient	Rate	Total Cost	
	Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender: Medical Procedures:	Matricule: Nom: Prashan: Carte ID: Full Name (first, middle, last): Age: Age: Gender: Male Medical Procedures: Code Designate	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Prashant 2000-10-10 Carte ID: Full Name (first, middle, last): Age: 23.3 Marital Status: Gender: Male Medical Procedures: Code Designation (Medical	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Prashant 2000-10-10 Agreed healthcare Full Name (first, middle, last): Age: Age: 23.3 Prescribing Doctor sdfdsf dsfds dsfdsf dsfds dsfdsf dsfds dsfdsf dsfds dsfdsf dsfds dsfdsf dsfds dsfdsf dsfdsfdsfdsfdsfdsfdsfdsfdsfdsfdsfdsfdsfd	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Prashant 2000-10-10 Full Name (first, middle, last): Age: 2. Patient Policy Date and Time: Prashant 2000-10-10 Prescribing Doctor / oriental sdfdsf dsfds dsfdsf Marital Status: Gender: Male Medical Procedures: Code Designation (Medical Coefficient Rate	

<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	

Information & Access To Health Care				2. Patient Policy		3. Ir	3. Infos Reference Medical Center			
Important: The validity of this form cannot excee					exceed	d 5 days ⁻	from the		Tota	l 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 Total Cost			Total Cost			
Important: The validity of this form cannot exceed			d 5 days			Total amount:				
from the date of issue				To be	paid	by the patient				
Assignment code					To be paid by the insurance company					
Patient signature Signature and stamp medical He					ical Heal	Signature and stamp of the Doctor				
Prescribed (Section Reserved For			6. Med The Presci	Section Reserved For The Pharmacist						
No:	Drugs					Dosage	Quantity	Total	Cost	
	tramadol eg I.p. 200 mg, comprimé à libération prolongée			2	1	120				
	_					Total an	nount:	null		
<u>Important:</u> The prescribing				 						

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 (%)	null
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	null
Sig	nature and stamp Prescribing Doctor	Signat	cure and stamp Pharmacist