Medical Care Form

Claim number :jjjjjjjjjjjj

1. Health Insurance System Information			Filling Instructions				
SAM code:			Write legibly				
SAM:			ID obligatoire	igatoire			
Information & Access To Health Care			2. Patient Policy	3. Infos Reference Medical Cent			
Matricule: Primary				Date and Time:			
insured	MOW.	Laura Marhysa 1978-01- 20		Agreed healthcare network:			
	Carte ID:	594565					
		Laura Marhysa 1978-01- 20					
Patient	Age:	45.8		Prescribing Doctor / orientation: jjjjjjjjjj jjjjjjjjjjj			
	Marital Status :						
	Gender :	Female					
4. Details Of M	edical Procedures:						
Date	l ode	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	

Total amount To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre Frescribed (Section Reserved For The Prescribing Section Reserved For The Pharmacist To be paid by the patient To be paid by the insurance company Signature and stamp of the Doctor Section Reserved For The Pharmacist	Information & Access To Health Care				2. Patient Policy		3. Infos Reference Medical Center			
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 To be paid by the insurance company To be paid by the patient Rate Total Cost To be paid by the patient Rate Total Cost To be paid by the patient Rate Total Cost To be paid by the patient Rate Total Cost To be paid by the patient Rate Total Cost 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 To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost To be paid by the Patient Rate Total Cost Total amount: 20.00										
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 Patient signature Signature and stamp medical Healthcare centre Doctor Frescribed (Section Reserved For The Pharmacist For The Pharmacist Prescribing For The Pharmacist Dostor) Dosage Quantity Total Cost 1 20 Total amount: 20.00	<u>Importan</u>	<u>t:</u> The validit	y of this form cannot	exceed 5 days	from the		Tota	l amount:		
Section Reserved For Section Reserved For Section Reserved For The Pharmacist Procedures Insurance company Insuran	date of is	sue			To be paid by the patient			ne patient		
Date Code Designation (Medical acts) Coefficient Rate Total Cost Date Code Designation (Medical acts) Coefficient Rate Total Cost	Assignme	nt code								
mportant; 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 To be paid by the insurance company Signature and stamp of the Doctor The Pharmacist For The Pharmacist Dosage Quantity Total Cost 1 20 Total amount: 20.00				5. Det	ails Of Pa	rame	edical Procedu	ıres:		
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) Doctor Doctor Doctor To be paid by the insurance company Signature and stamp of the Doctor Frescribed (Section Reserved For Section Reserved For The Pharmacist To be paid by the patient	Date	ate Code Designation (Medical acts)		acts)	Coefficie	icient Rate To		Total Cost		
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) Doctor Doctor Doctor To be paid by the insurance company Signature and stamp of the Doctor Frescribed (Section Reserved For Section Reserved For The Pharmacist To be paid by the patient										
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) Doctor Doctor Doctor To be paid by the insurance company Signature and stamp of the Doctor Frescribed (Section Reserved For Section Reserved For The Pharmacist To be paid by the patient										
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) Doctor Doctor Doctor To be paid by the insurance company Signature and stamp of the Doctor Frescribed (Section Reserved For Section Reserved For The Pharmacist To be paid by the patient										
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) Doctor Doctor Doctor Total amount: 20.00	_		-	exceed 5 days			Total amount:			
Patient signature Signature and stamp medical Healthcare centre Company 6. Medicines The Prescribing For The Pharmacist Doctor) Doctor Doctor Doctor Total amount: 20.00	from the	date of issue			To be	paid	by the patient			
Prescribed (Section Reserved For The Prescribing Doctor Doctor Total amount: 20.00	Assignme	ent code			•					
Prescribed (Section Reserved For The Pharmacist No: Drugs Dosage Quantity Total Cost Total amount: 20.00	Patient signature Signature and stamp me			p medical Heal	thcare ce	ntre	_	l stamp of the		
1 20 Total amount: 20.00	Prescribed (Section Reserved For Doctor)			The	Section Reserved					
Total amount: 20.00	No:	Dr	ugs	Dosage(QuantityT	otal (Cost			
	1				2	.0				
INDUCTIONS INCOME INCOME IN THE PROPERTY OF TH				Total am	ount: 2	0.00				

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 (%)	19.60
		To be paid by MAADO	0.40
Signature and stamp Prescribing Doctor		Signa	ture and stamp Pharmacist