Medical Care Form

Claim number:

1. Health Insurance System Information			Filling Instructions				
SAM code:			Write legibly				
SAM:			ID obligatoire				
Information & Access To Health Care			2. Patient Policy	3. Infos Reference Medical Center			
Primary	Matricule:			Date and Time:			
insured	Nom:	Prashant 2000-10-10		Agreed healthcare network:			
Patient	Carte ID:						
	Full Name (first, middle, last):	Prashant 2000-10-10					
	Age:	23.3		Prescribing Doctor / orientation: dhiraj gurve			
	Marital Status :						
	Gender :	Male					
4. Details Of M	edical Procedures:						
Date	k ode	Designation (Medical acts)		Coefficient	Rate	Total Cost	

<u>Important:</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 Referen enter	ce Medical	
<u>Important</u>	exceed 5 days 1	d 5 days from the		Total amount:				
date of iss				To be paid by the patient				
Assignment code				To be paid by the insurance company				
			5. Det	ails Of Pa	arame	edical Procedu	ıres:	
Date	ate Code Designation (Medical acts)		acts)	Coefficie	efficient Rate		Total Cost	
Important: The validity of this form cannot excee			exceed 5 days	days		Total amount:		
from the o	date of issue			To be	paid	by the patient		
Assignment code				To be pa	id by the insurance company			
Patient signature Signature and stamp med			o medical Heal	thcare centre Doctor			l stamp of the	
Prescribed (Section Reserved For Doctor)			6. Med The Prescr	Section Reserved For The Pharmacist				
No:	Dr	ugs	Dosage	Quantity	Total (Cost		
1					100			
•			Total am	ount: 1	: 100.00			
<u>Important:</u> The prescribing								

Prescrib each Doctor)	practitioner will 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 (%)	20.00	
		To be paid by MAADO	80.00	
Signature and stamp Prescribing Doctor		Signature and stamp Pharmacist		