Medical Care Form

Claim number :4f4f4f

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 insured	Matricule:			Date and Time:
	Nom:			Agreed healthcare network:
Patient	Carte ID:			
	Full Name (first, middle, last):			
	Age:			Prescribing Doctor / orientation: undefined undefined undefined
	Marital Status :			
	Gender :			

4. Details Of Medical 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		Total amount:	
		To be paid by the patient	
Assignment code		To be paid by the insurance company	

Information & Access To Health Care	2. Patient Policy		3. Infos Reference Medical Center		
Important: 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
Important: 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		

Prescribed (Section Reserved For Doctor)	6. Medicines The Prescribing		Section Reserved For The Pharmacist	
No:	Drugs	Dosage	Quantity	Total Cost
1	afrom excel 1qq	32	32	1024
Important: The prescribing		Total amount:		1024.00

practitioner will indicate the duration of treatment for each drug, **Prescribed (Section Reserved For Doctor)**	**6. Medicines The Prescribing**	**Section Reserved For The Pharmacist**
this form is valid only for one pharmacy and its validity cannot exceed 72 hours after delivery	To be paid by the patient (%)	1003.52
	To be paid by MAADO	20.48
Signature and stamp Prescribing Doctor	 Signature and stamp Pharmacist	