Medical Care Form

Claim number:456

h Insurance System Informa	Filling Instructions					
SAM code:			Write legibly			
	ID obligatoire					
Access To Health Care	2. Patient Policy		3. Infos Reference Medical Center			
Matricule:			Date and Time:			
inom.	Laura M 20	larhysa 1978-01-	Agreed healthcare network:			
Carte ID:	594565					
		1arhysa 1978-01-				
Age:	45.8		Prescribing Doctor / orientation: 123 123 123			
Marital Status :						
Gender :	Female					
edical Procedures:						
Lone	Designation (Medical acts)		Coefficient	Rate	Total Cost	
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<u>lmportant:</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			3. Infos Referer Center	nce Medical		
Important: The validity of this form cannot excee				exceed	5 days	from the		Tota	al 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)		acts)		Coefficient		Rate	Total Cost			
Important: The validity of this form cannot exceed			exceed	5 days			Total amount			
from the date of issue				To be	e paic	l by the patient				
Assignment code					To be paid by the insurance company					
Patient signature Signature and stamp medical Hea				cal Heal	Signature and stamp of the Doctor					
Prescribed (Section Reserved For Th			6. Med The Prescr	dicines	Section Reserved					
No:	Drugs				Dosage (Quantity	Tota	otal Cost	
		razole s persibl		z 10 mg, comprimé	,	1	1	1		
	1		nt. Tl	o puossuibin s		Гotal am	nount:	1.00		
	<u>Ir</u>	<u>nportai</u>	<u>nτ:</u> Th	e prescribing	I			_		

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 (%)	0.66
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	0.34
Sig	nature and stamp Prescribing Doctor	Signat	ture and stamp Pharmacist