Medical Care Form

Claim number:

1. Health Insurance System Information		Filling Instructions				
SAM code:			Write legibly			
SAM:			ID obligatoire			
Information & Access To Health Care			3. Infos Reference Medical Center			
Matricule:			Date and Time:			
Nom:			Agreed healthcare	e networ	·k:	
Carte ID:						
Age:			Prescribing Docto wef wef wef	r / orien	tation:	
Marital Status :						
Gender :						
4. Details Of Medical Procedures:						
l one	Designation (Medical acts)		Coefficient	Rate	Total Cost	
	Access To Health Care Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender:	Access To Health Care Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status : Gender : edical Procedures: Designation	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status : Gender : edical Procedures: Code Designation (Medical	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender: Code Designation (Medical Coefficient	Write legibly ID obligatoire 2. Patient Policy Matricule: Date and Time: Nom: Agreed healthcare networ Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender: Designation (Medical Coefficient Rate	

<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	

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 patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre Signature and stamp of the Doctor 6. Medicines The Prescribing Prescribed (Section Reserved For The Pharmacist	Information & Access To Health Care			2. Patient Policy		. Infos Referen enter	ce Medical		
Assignment code To be paid by the insurance company 5. Details Of Paramedical Procedures: Date Code Designation (Medical acts) Coefficient Rate Total Cost In the validity of this form cannot exceed 5 days from the date of issue To be paid by the insurance company To be paid by the patient To be paid by the insurance company Form the date of issue For the patient signature and stamp medical Healthcare centre Signature and stamp of the Doctor Prescribed (Section Reserved For The Pharmacist To be paid to the insurance company Signature and stamp of the Doctor For The Pharmacist Total amount: Total Cost The Prescribing For The Pharmacist Total amount: Total Cost Total amount: Total Cost									
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 For The Pharmacist In the Prescribing For The Pharmacist In th	<u>Important</u>	<u>t:</u> The validi	ity of this form cannot e	exceed 5 days	from the		Tota	al amount:	
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 insurance company Patient signature Signature and stamp medical Healthcare centre Company Prescribed (Section Reserved For The Pharmacist To bright Pharmacist Section Reserved For The Pharmacist Doctor Doctor Dosage Quantity Total Cost In hello In	date of issue						To be paid by the patient		
Date Code Designation (Medical acts) Coefficient Rate Total Cost Coefficient Rate Total Cost	Assignme	nt code							
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 Medicines The Prescribing The Pharmacist To be paid by the insurance company Signature and stamp of the Doctor The Prescribing For The Pharmacist To be paid by the patient To be paid				5. Det	ails Of P	aram	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 Dosage Quantity Total Cost Total amount: 100.00	Date	Date Code Designation (Medical acts)		acts)	Coefficient Rate		Rate	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 Dosage Quantity Total Cost Total amount: 100.00									
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 Dosage Quantity Total Cost Total amount: 100.00									
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 Dosage Quantity Total Cost Total amount: 100.00									
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 Dosage Quantity Total Cost hello 10 10 100 Total amount: 100.00	<u>Important:</u> The validity of this form cannot excee			exceed 5 days			Total amount:		
Patient signature Signature and stamp medical Healthcare centre Signature and stamp of the Doctor 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Doctor Doctor Doctor Doctor Doctor Total amount: 100.00	from the o	date of issu	e		To be	paid	l by the patient		
Prescribed (Section Reserved For The Prescribing Doctor Doctor Doctor Section Reserved For The Pharmacist Doctor Doctor Total amount: 100.00	Assignment code				To be pa	•			
Prescribed (Section Reserved For The Pharmacist No: Drugs Dosage Quantity Total Cost 1 hello 10 10 100 Total amount: 100.00	Patient signature Signature and stamp medical He			medical Heal	ifficare centre I - '				
1 hello 10 100 Total amount: 100.00	Prescribed (Section Reserved For Doctor)			The	Section Reserve				
Total amount: 100.00	No:	Di	rugs	Dosage	Quantity	Total	Cost		
	1	he	ello	10	10	100			
	1			Total am	Total amount: 100.00				

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 (%)	20.00
		To be paid by MAADO	80.00
Signature and stamp Prescribing Doctor		Signa	ture and stamp Pharmacist