Medical Care Form

Claim number:12

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:	Laura Marbysa 1978-01-		Date and Time:			
Nom.			Agreed healthcare network:			
Carte ID:	594565					
	Laura Marhysa 1978-01- 20					
Age:	45.8		Prescribing Doctor / orientation: 12 12 12			
Marital Status :						
Gender :	Female					
edical Procedures:						
Code	Designation (Medical acts)		Coefficient	Rate	Total Cost	
	Access To Health Care Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender: edical Procedures:	Access To Health Care Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Age: 45.8 Marital Status: Gender: Female edical Procedures: Designation	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Carte ID: 594565 Full Name (first, middle, last): Age: 45.8 Marital Status: Gender: Female edical Procedures: Designation (Medical	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Laura Marhysa 1978-01-20 Carte ID: 594565 Full Name (first, middle, last): Age: 45.8 Prescribing Docto 12 12 12 Marital Status: Gender: Female Code Designation (Medical Coefficient	Write legibly Dobligatoire	

<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. Pat Policy		3. Infos Refere Center	nce Medical	
<u>lmporta</u>	nt: The valid	dity of this form cannot e	exceed 5 days	from the	Tot	tal amount:
date of i	ssue				To be paid by	the patient
Assignment code				To be paid by the insurance company		
			5. Det	ails Of Pa	aramedical Proced	lures:
Date	Code	Designation (Medical	Designation (Medical acts)		nt Rate	Total Cost
<u>Important:</u> The validity of this form cannot exceed 5		exceed 5 days		Total amount	t:	
from the	e date of iss	ue		To be	paid by the patien	t
Assignm	ent code			To be pa	id by the insuranc compan	
Patien	it signature	Signature and stamp	Signature and stamp medical Healthcare centre Doctor			id stamp of the
Prescribed (Section Reserved For The Prescribing Doctor)						
No: Drug	gs		Dosage	Quantity	Total Cost	
	NDOPRIL To primé pellic	OSILATE TEVA 10 mg, :ulé	12	12	144	
	I	The managed by	Total an	nount:	144.00	
	<u>important:</u>	The prescribing				

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 (%)	141.12
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	2.88
Sig	nature and stamp Prescribing Doctor	Signat	cure and stamp Pharmacist