

Medical Care Form

Claim number :gdhg


1. Health Insurance System Information			Filling Instructions		
SAM code:			Write legibly		
SAM:			ID obligatoire		
2. Patient Information & Access To Health Care Policy			3. Infos Reference Medical Center		
Primary insured	Matricule:		Date and Time:		
	Nom:	Suyesh 15151 2023-09-02	Agreed healthcare network:		
Patient	Carte ID:	22			
	Full Name (first, middle, last):	Suyesh 15151 2023-09-02			
	Age:	0.3	Prescribing Doctor / orientation:		
	Marital Status :				
	Gender :	Male			
4. Details Of Medical Procedures:					
Date	Code	Designation (Medical acts)	Coefficient	Rate	Total Cost

<u>Important:</u> 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

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

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6. Medicines Prescribed (Section Reserved For The Prescribing Doctor)				Section Reserved For The Pharmacist	
No:	Drugs	Dosage	Quantity	Total Cost	
1				100	
2				40	

6. Medicines Prescribed (Section Reserved For The Prescribing Doctor)				Section Reserved For The Pharmacist
3				12000
<p><u>Important:</u> The prescribing practitioner will indicate the duration of treatment for each drug, this form is valid only for one pharmacy and its validity cannot exceed 72 hours after delivery</p>	Total amount:	12140.00		
	To be paid by the patient (%)	8012.40		
	To be paid by MAADO	4127.60		
Signature and stamp Prescribing Doctor		 Signature and stamp Pharmacist		