Medical Care Form

Claim number: gdhg

| 1. Health Insurance System Information | | | Filling Instructions | | | | |
|--|--|--|---|--|--|--|--|
| SAM code: | | | Write legibly | | | | |
| | | ID obligatoire | | | | | |
| Access To Health Care | 2. Patient | | 3. Infos Reference Medical Center | | | | |
| Matricule: | | | Date and Time: | | | | |
| Nom: | Suyesh | 15151 2023-09-02 | Agreed healthcare network: | | k: | | |
| Carte ID: | 22 | | | | | | |
| | Suyesh | 15151 2023-09-02 | | | | | |
| Age: | 0.3 | | Prescribing Doctor / orientation: | | | | |
| Marital Status : | | | | | | | |
| Gender : Male | | | | | | | |
| 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: Suyesh Carte ID: 22 Full Name (first, middle, last): Age: O.3 Marital Status: Gender: Male edical Procedures: Code Designa | Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Suyesh 15151 2023-09-02 Carte ID: 22 Full Name (first, middle, last): Age: 0.3 Marital Status: Gender: Male edical Procedures: Designation (Medical | Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Suyesh 15151 2023-09-02 Agreed healthcare Carte ID: Full Name (first, middle, last): Age: O.3 Prescribing Docto Marital Status: Gender: Male Designation (Medical Coefficient | Write legibly ID obligatoire 2. Patient Policy Matricule: Date and Time: Nom: Suyesh 15151 2023-09-02 Agreed healthcare networ Carte ID: 22 Full Name (first, middle, last): Age: 0.3 Prescribing Doctor / orient Marital Status: Gender: Male 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 | |

| Information & Access To Health Care | | 2. Patient Policy | | | Infos Referen enter | ce Medica | ı | | |
|--|-----------|-------------------|-------------------------------------|-------------------|-----------------------------------|-------------------------------------|---------------------------|------------|--|
| | | | | | | | | | |
| <u>Important:</u> The validity of this form cannot exceed 5 da | | | | | from the | | Total amount: | | |
| date of iss | sue | | | | | Ī | To be paid by the patient | | |
| Assignment code | | | | | | To be paid by the insurance company | | | |
| 5. Detail | | | | | ails Of Para | ıme | edical Procedu | res: | |
| Date | Code | | Designation (Medical a | acts) Coefficient | | | Rate | Total Cost | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Important | :: The va | alidity | / of this form cannot e | xceed 5 days | | | Total amount: | | |
| from the date of issue | | | To be paid by the patient | | | | | | |
| Assignment code | | | To be paid by the insurance company | | | | | | |
| Patient signature Signature and stamp n | | medical Heal | nedical Healthcare centro | | Signature and stamp of the Doctor | | the | | |
| ,, | | | | 6 Mag | licines | | | | |

| Prescribed (Sectio | n Reserved For | The | edicines cribing | Section Reserved For The Pharmacist |
|--------------------|----------------|-----------------|---------------------|--|
| No: | Drugs | Dosage Quantity | | Total Cost |
| 1 | | | | 100 |

| Prescribed (Section Reserved For Doctor) | | | 6. Medicines The Prescribing | | Section Reserved For The Pharmacist | |
|--|--|--|----------------------------------|--|--|--|
| 2 | | | | | 40 | |
| 3 | | | | | 12000 | |
| each | Important: The prescribing practitioner will indicate the duration of treatment for drug, this form is valid only for one pharmacy | | Total amount: | | 12140.00 | |
| and | | | To be paid by the patient (%) | | 8012.40 | |
| its validity can delivery | | | To be paid by MAADO | | 4127.60 | |
| Signature and stamp Prescribing Doctor | | | Signature and stamp Pharmacist | | | |