

Medical Care Form


Claim number :

1. Health Insurance System Information			Filling Instructions		
SAM code:			Write legibly		
SAM:			ID obligatoire		
Information & Access To Health Care			2. Patient Policy		3. Infos Reference Medical Center
Primary insured	Matricule:				Date and Time:
	Nom:	Dhiraj G. 2000-06-18			Agreed healthcare network:
Patient	Carte ID:				
	Full Name (first, middle, last):	Dhiraj G. 2000-06-18			
	Age:	23.4			Prescribing Doctor / orientation: fwef wef wef
	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

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

6. Medicines Prescribed (Section Reserved For The Doctor)			Section Reserved For The Pharmacist		
No:	Drugs	Dosage	Quantity	Total Cost	
1	tramadol eg l.p. 200 mg, comprimé à libération prolongée	10	10	100	

Prescribed (Section Reserved For Doctor)		6. Medicines The Prescribing		Section Reserved For The Pharmacist
2	gabapentine ranbaxy 400 mg, gélule	20	20	400
<p><u>Important:</u> The prescribing practitioner will indicate the duration of treatment for each drug, and this form is valid only for one pharmacy and its validity cannot exceed 72 hours after delivery</p>		Total amount:	500.00	
		To be paid by the patient (%)	100.00	
		To be paid by MAADO	400.00	
Signature and stamp Prescribing Doctor		 Signature and stamp Pharmacist		