Medical Care Form

Claim number:

1. Health Insurance System Information		Filling Instructions					
		Write legibly					
SAM:) obligatoire				
Information & Access To Health Care			3. Infos Reference Medical Center				
Matricule:			Date and Time:				
Nom:	prashant 1 2024-02-04		Agreed healthcare network:				
Carte ID:							
Full Name (first, middle, last):	prashant 1 2024-02-04						
Age:	0.0		Prescribing Doctor / orientation: Dhanshree Banteee				
Marital Status :							
Gender :	Male						
edical Procedures:							
Loge	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: O.0 Marital Status: Gender: Male edical Procedures: Designat	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Prashant 1 2024-02-04 Carte ID: Full Name (first, middle, last): Age: O.0 Marital Status: Gender: Male edical Procedures: Code Designation (Medical	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Date and Time: Nom: Prashant 1 2024-02-04 Agreed healthcare Full Name (first, middle, last): Age: O.0 Marital Status: Gender: Male Designation (Medical Coefficient	Write legibly Dobligatoire		

<u>Important:</u> The validity of this form cannot	Total amount:		
date of issue	To be paid by the patient		
Assignment code		To be paid by the insurance company	

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 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 Assignment code Patient signature Signature and stamp medical Healthcare centre Doctor 6. Medicines The Pharmacist Prescribed (Section Reserved For The Pharmacist Doctor) No: Drugs Dosage Quantity Total Cost 1 112	Informat	formation & 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 To be paid by the insurance company									
Assignment code To be paid by the insurance company	<u>Importar</u>	nt: The valid	ity of this form cannot	t exceed 5 days	from the		Tota	l amount:	
Some company Some						T	o be paid by th	ne patient	
Date Code Designation (Medical acts) Coefficient Rate Total Cost Date Code Designation (Medical acts) Coefficient Rate Total Cost	Assignme	ent code							
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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 Frescribed (Section Reserved For The Prescribing Doctor) Dosage Quantity Total Cost 1 1112	Date	Code Designation (Medical acts)		al acts)	Coefficient Rate Total Co		Total Cost		
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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 Frescribed (Section Reserved For The Prescribing Doctor) Dosage Quantity Total Cost 1112									
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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 The Prescribing Doctor) No: Drugs Dosage Quantity Total Cost 1 1112	Important: The validity of this form cannot exceed			t exceed 5 days			Total amount:		
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Prescribed (Section Reserved For The Prescribing Doctor) Doctor Section Reserved For The Pharmacist Doctor Doctor 1	Assignme	ent code							
Prescribed (Section Reserved For The Prescribing For The Pharmacist No: Drugs Dosage Quantity Total Cost 1 1112	Patien	Patient signature Signature and stamp medical Heal			Ifficare centre I				
1 1112	Prescribed (Section Reserved For - I			The	Section Reserved				
	No:	D	rugs	Dosage	QuantityT	otal (Cost		
	1				1	1112			
Total amount: 1112.00 Important: The prescribing			Total am	ount: 1	1112.0	00			

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 (%)	1112.00	
		To be paid by MAADO	0.00	
Signature and stamp Prescribing Doctor		Signature and stamp Pharmacist		