## **Medical Care Form**

Claim number:

1. Health Insurance System Information		Filling Instructions						
SAM code:		Write legibly						
SAM:			ID obligatoire					
Information & Access To Health Care			3. Infos Reference Center	e Medica	ıl			
Matricule:			Date and Time:					
Nom:	rohit 2024-01-03		Agreed healthcare network:					
Carte ID:	sdfsdf							
Full Name (first, middle, last):	rohit 2024-01-03							
Age:	0.2		Prescribing Doctor / orientation: wef ef wef					
Marital Status :								
Gender :	Male							
4. Details Of Medical Procedures:								
Loge	Designation (Medical acts)		Coefficient	IRate	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:  Sdfsdf  Full Name (first, middle, last):  Age:  O.2  Marital Status:  Gender:  Male  edical Procedures:  Designa	Write legibly  ID obligatoire  2. Patient Policy  Matricule:  Nom: rohit 2024-01-03  Carte ID: sdfsdf  Full Name (first, middle, last):  Age: 0.2  Marital Status:  Gender: Male  edical Procedures:  Code  Designation (Medical	Write legibly  ID obligatoire  2. Patient Policy  Matricule:  Nom: rohit 2024-01-03 Agreed healthcare  Carte ID: sdfsdf  Full Name (first, middle, last):  Age: 0.2 Prescribing Doctowef ef wef  Marital Status:  Gender: Male  Designation (Medical Coefficient	Write legibly    Dobligatoire			

<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	

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:			
Important: The validity of this form cannot exceed 5 days from the date of issue  To be paid by the patient  Assignment code  To be paid by the insurance company			
To be paid by the patient  To be paid by the patient  To be paid by the insurance company			
insurance company			
5. Details Of Paramedical Procedures:			
Date Code Designation (Medical acts) Coefficient Rate Total Cost			
Total amount: Important: The validity of this form cannot exceed 5 days			
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 medical Healthcare centre Doctor	the		
Prescribed (Section Reserved For  The Prescribing  Doctor)  6. Medicines  Section Rese  For The Pharmacist	Section Reserved		
No: Drugs Dosage Quantity Total Cost			
1 shitalllllllll 10 10 100			
Total amount: 100.00  Important: The prescribing			

Prescrik 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 (%)	20.00
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	80.00
Signature and stamp Prescribing Doctor		Signature and stamp Pharmacist	