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	al
Matricule:			Date and Time:		
Nom:	john 2002-03-05		Agreed healthcare network:		
Carte ID:	42858				
Full Name (first, middle, last):	john 2002-03-05				
Age:	22.0		Prescribing Doctor / orientation: sdf sdf sdf		
Marital Status :					
Gender :	Male				
edical Procedures:					
l ode	Designa acts)	ation (Medical	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: john 20 Carte ID: 42858 Full Name (first, middle, last): Age: 22.0 Marital Status: Gender: Male edical Procedures: Designation	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: john 2002-03-05 Carte ID: 42858 Full Name (first, middle, last): Age: 22.0 Marital Status: Gender: Male dical Procedures: Designation (Medical	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: john 2002-03-05 Agreed healthcare Carte ID: 42858 Full Name (first, middle, last): Age: 22.0 Prescribing Docto sdf sdf sdf sdf Marital Status: Gender: Male Designation (Medical Coefficient	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: john 2002-03-05 Agreed healthcare networ Carte ID: 42858 Full Name (first, middle, last): Age: 22.0 Prescribing Doctor / orients off sdf sdf Marital Status: Gender: Male Designation (Medical Coefficient Rate

<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: Date Code Designation (Medical acts) Coefficient Rate Total Cos Important: The validity of this form cannot exceed 5 days from the date of issue To be paid by the patient	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 patient To be paid by the insurance company 5. Details Of Paramedical Procedures: Date Code Designation (Medical acts) Coefficient Rate Total Cos 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			
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To be paid by the patient			
Assignment code Company	To be paid by the insurance company		
Patient signature Signature and stamp medical Healthcare centre Doctor	entre Signature and stamp of the Doctor		
6. Medicines Prescribed (Section Reserved For The Prescribing Doctor)	Section Reserved		
No: Drugs Dosage Quantity Total Cost			
1 tep scan du sein 10 10 100			
Total amount: 100.00 Important: The prescribing			

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 (%)	30.00
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	70.00
Signature and stamp Prescribing Doctor		Signature and stamp Pharmacist	