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 Medical Center | | al | |
| Matricule: | | | Date and Time: | | | |
| Nom: | | | Agreed healthcare | e networ | ·k: | |
| Carte ID: | | | | | | |
| | | | | | | |
| Age: | | | Prescribing Docto sdf sdf sdf | r / orien | tation: | |
| Marital Status : | | | | | | |
| Gender : | | | | | | |
| 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: Carte ID: Full Name (first, middle, last): Age: Marital Status : Gender : edical Procedures: Designation | Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status : Gender : edical Procedures: Code Designation (Medical | Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Age: Age: Cender Designation (Medical Coefficient | Write legibly ID obligatoire 2. Patient Policy Matricule: Date and Time: Nom: Agreed healthcare networ Carte ID: Full Name (first, middle, last): Age: Age: Prescribing Doctor / orient sdf sdf sdf Marital Status: Gender: edical Procedures: Code Designation (Medical Coefficient Rate | |

| <u>Important:</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 | |

| 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 Patient signature Signature and stamp medical Healthcare centre Signature and stamp of the Doctor 6. Medicines The Prescribing Prescribed (Section Reserved For The Pharmacist | Information & Access To Health Care | | | 2. Patient Policy | | . Infos Referen enter | ce Medical | | |
|--|---|-------------------------------------|----------|----------------------|---|--------------------------|---------------------------|------------|--|
| Assignment code To be paid by the insurance company 5. Details Of Paramedical Procedures: Date Code Designation (Medical acts) Coefficient Rate Total Cost In the validity of this form cannot exceed 5 days from the date of issue To be paid by the insurance company To be paid by the patient To be paid by the insurance company Form the date of issue For the patient signature and stamp medical Healthcare centre Signature and stamp of the Doctor Prescribed (Section Reserved For The Pharmacist To be paid to the insurance company Signature and stamp of the Doctor For The Pharmacist Total amount: Total Cost The Prescribing For The Pharmacist Total amount: Total Cost Total amount: Total Cost | | | | | | | | | |
| 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 insurance company Patient signature Signature and stamp medical Healthcare centre Doctor Frescribed (Section Reserved For The Pharmacist For The Pharmacist For The Pharmacist In the Prescribing For The Pharmacist In th | Important: The validity of this form cannot excee | | | exceed 5 days | d 5 days from the | | Tota | al amount: | |
| 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 insurance company Patient signature Signature and stamp medical Healthcare centre Company Prescribed (Section Reserved For The Pharmacist To bright Pharmacist Section Reserved For The Pharmacist Doctor Doctor Dosage Quantity Total Cost In hello In | date of issue | | | | | | To be paid by the patient | | |
| Date Code Designation (Medical acts) Coefficient Rate Total Cost Coefficient Rate Total Cost | Assignme | nt code | | | | | | | |
| To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre Prescribed (Section Reserved For The Prescribing To Medicines The Prescribing The Pharmacist To be paid by the insurance company Signature and stamp of the Doctor The Prescribing For The Pharmacist To be paid by the patient To be paid | | | | 5. Det | ails Of P | aram | edical Procedu | ıres: | |
| To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Doctor Doctor Doctor Dosage Quantity Total Cost Total amount: 100.00 | Date | ate Code Designation (Medical acts) | | acts) | Coefficient Rate | | Rate | Total Cost | |
| To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Doctor Doctor Doctor Dosage Quantity Total Cost Total amount: 100.00 | | | | | | | | | |
| To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Doctor Doctor Doctor Dosage Quantity Total Cost Total amount: 100.00 | | | | | | | | | |
| To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Doctor Doctor Doctor Dosage Quantity Total Cost Total amount: 100.00 | | | | | | | | | |
| To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Doctor Doctor Doctor Dosage Quantity Total Cost hello 10 10 100 Total amount: 100.00 | <u>Important:</u> The validity of this form cannot exceed | | | exceed 5 days | | | Total amount: | | |
| Patient signature Signature and stamp medical Healthcare centre Signature and stamp of the Doctor 6. Medicines The Prescribed (Section Reserved For The Prescribing Doctor) Doctor Doctor Doctor Doctor Doctor Total amount: 100.00 | from the date of issue | | | | To be | paid | l by the patient | | |
| Prescribed (Section Reserved For The Prescribing Doctor Doctor Doctor Section Reserved For The Pharmacist Doctor Doctor Total amount: 100.00 | Assignment code | | | | To be pa | • | | | |
| Prescribed (Section Reserved For The Pharmacist No: Drugs Dosage Quantity Total Cost 1 hello 10 10 100 Total amount: 100.00 | Patient signature Signature and stamp medical He | | | medical Heal | Ifficare centre I - · · · · · · · · · · · · · · · · · · | | | | |
| 1 hello 10 100 Total amount: 100.00 | Prescribed (Section Reserved For Doctor) | | | The | Section Reserve | | | | |
| Total amount: 100.00 | No: | Di | rugs | Dosage | Quantity | Total | Cost | | |
| | 1 | he | ello | 10 | 10 | 100 | | | |
| | | | Total am | Total amount: 100.00 | | | | | |

| 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 |
| | | To be paid by MAADO | 0.00 |
| Signature and stamp Prescribing Doctor | | Signa | ture and stamp Pharmacist |