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 Referenc Center	e Medica	al	
Primary insured	Matricule:			Date and Time:			
	Nom:			Agreed healthcar	e netwoi	rk:	
Patient	Carte ID:						
	Full Name (first, middle, last):						
	Age:			Prescribing Docto Otis MillBurn	r / orien	tation:	
	Marital Status :						
	Gender :						
4. Details Of M	edical Procedures:						
Date	Code	Designa acts)	ation (Medical	Coefficient	Rate	Total Cost	

<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	

Information & Access To Health Care				2. Patient Policy		3. Infos Reference Medical Center	
<u>lmportant</u>	idity of this form cannot e	exceed 5 days	from the	Tota	al amount:		
date of iss	sue				To be paid by t	he patient	
Assignmeı	nt code					oaid by the e company	
	5. Details Of Paramedical Procedures:					ures:	
Date	Date Code Designation (Medical acts		acts)	Coefficier	nt Rate	Total Cost	
Important: The validity of this form cannot exceed			exceed 5 days		Total amount		
from the o	date of is:	sue		To be	paid by the patient		
Assignmeı	nt code			To be pai	e paid by the insurance company		
Patient signature Signature and stamp med			o medical Heal	thcare cer	Signature and Doctor	d stamp of the	
Prescribed (Section Reserved For Doctor)			The	Section Reserved For The Pharmacist			
No:		Drugs	Dosage (QuantityT	otal Cost		
1				3	00		
<u>Important:</u> The prescribing		Total am	nount: 300.00				

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 (%)	60.00
		To be paid by MAADO	240.00
Signature and stamp Prescribing Doctor		Signa	ture and stamp Pharmacist