## **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 Reference Medical Center		al .	
Primary	Matricule:			Date and Time:			
insured	Nom:	rohit 2024-01-03		Agreed healthcare network:			
Patient	Carte ID:	sdfsdf					
	Full Name (first, middle, last):	rohit 2024-01-03					
	Age:	0.2		Prescribing Doctor / orientation: fwe wef wef			
	Marital Status :						
	Gender :	Male					
4. Details Of M	edical Procedures:						
Date	it ode	Designation (Medical acts)		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	

Important; The validity of this form cannot exceed 5 days from the date of issue  Assignment code  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  To be paid by the insurance company  Patient signature  Signature and stamp medical Healthcare centre Doctor  Prescribed (Section Reserved For The Pharmacist For The Pharmacist Doctor)  No: Drugs Dosage Quantity Total Cost	Information & 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 patient									
Assignment code  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 Doctor  6. Medicines The Prescribing For The Pharmacist  Section Reserve	<u>lmportan</u>	xceed 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 patient  Assignment code To be paid by the insurance company  Patient signature Signature and stamp medical Healthcare centre Company  6. Medicines The Prescribing For The Pharmacist  For The Pharmacist							To be paid by the patient		
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    Assignment code	Assignme	ent code							
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  Prescribed (Section Reserved For  The Prescribing  Section Reserve  For The Pharmacist				5. Det	ails Of P	aram	edical Procedu	ıres:	
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  For The Pharmacist  Section Reserved For The Pharmacist  To be paid by the patient  To be paid by the insurance company  Signature and stamp of the Doctor  For The Pharmacist	Date	Date Code Designation (Medical acts)		acts)	Coefficie	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  For The Pharmacist  Section Reserved For The Pharmacist  To be paid by the patient  To be paid by the insurance company  Signature and stamp of the Doctor  Section Reserve For The Pharmacist									
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  For The Pharmacist  Section Reserved For The Pharmacist  To be paid by the patient  To be paid by the insurance company  Signature and stamp of the Doctor  Section Reserve For The Pharmacist									
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  For The Pharmacist  Section Reserved For The Pharmacist  To be paid by the patient  To be paid by the insurance company  Signature and stamp of the Doctor  Section Reserve For The Pharmacist									
Prescribed (Section Reserved For  To be paid by the insurance company  Signature and stamp medical Healthcare centre  6. Medicines The Prescribing  Prescribing  To be paid by the patient  To be paid by the insurance company  Signature and stamp of the Doctor  Section Reserve  For The Pharmacist	<u>lmportant:</u> The validity of this form cannot excee			xceed 5 days	d 5 days		Total amount:		
Patient signature  Signature and stamp medical Healthcare centre  Octor  6. Medicines  The Prescribing  Prescribing  Doctor)  Section Reserved  For The Pharmacist	from the date of issue				To be	e paid	by the patient		
Patient signature Signature and stamp medical Healthcare centre Doctor  6. Medicines  Prescribed (Section Reserved For The Pharmacist  Doctor)  The Pharmacist	Assignment code				To be pa	•			
Prescribed (Section Reserved For  The Prescribing  Doctor)  Section Reserve  For The Pharmacist	Patient signature Signature and stamp med			medical Hea	ithcare centre I ° .			d stamp of the	
No: Drugs Dosage Quantity Total Cost				The		Section Reserve			
	No:	Drugs		Dosage	Quantity	Total	otal Cost		
1 uuuuuuuu 10 10 100	1	uuuuuuu		10	10	100	100		
Total amount: 100.00	Important: The prescribing			Total an	nount:	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
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	80.00
Signature and stamp Prescribing Doctor		Signat	ture and stamp Pharmacist