Medical Care Form

Claim number:12234

h Insurance System Informa	Filling Instructions							
	Write legibly							
	ID obligatoire							
Access To Health Care			3. Infos Reference Medical Center					
Matricule:			Date and Time:					
Nom:	Dhiraj (G. 2000-06-18	Agreed healthcare network:					
Carte ID:	567777	7						
Full Name (first, middle, last):	Dhiraj (5. 2000-06-18						
Age:	23.4		Prescribing Doctor / orientation: dfd dfgdfg fddf					
Marital Status :								
Gender :	Male							
4. Details Of Medical Procedures:								
Code	Designation (Medical acts)		Coefficient	Rate	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: Full Name (first, middle, last): Age: 23.4 Marital Status: Gender: Male Male Code Designa	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Dhiraj G. 2000-06-18 Carte ID: 5677777 Full Name (first, middle, last): Age: 23.4 Marital Status: Gender: Male edical Procedures: Designation (Medical	Write legibly ID obligatoire 2. Patient Policy Matricule: Date and Time: Nom: Dhiraj G. 2000-06-18 Agreed healthcare Carte ID: Full Name (first, middle, last): Age: Age: 23.4 Marital Status: Gender: Male Designation (Medical Coefficient	Write legibly ID obligatoire 2. Patient Policy Matricule: Date and Time: Nom: Dhiraj G. 2000-06-18 Agreed healthcare netword Carte ID: Full Name (first, middle, last): Age: 23.4 Prescribing Doctor / orient dfd dfgdfg fddf Marital Status: Gender: Male Designation (Medical Coefficient Rate			

<u>lmportant:</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 Refere Center	nce Medical			
<u>Important:</u> The validity of this form cannot excee					xcee	d 5 days	from the		Tot	tal amount:
date of issue								To be paid by the patient		
Assignment code				To be paid by the insurance company						
	5. Details Of Paramedical Procedures:							lures:		
Dat	Date Code Designation (Medical acts)			Coefficient		Rate	Total Cost			
Important: The validity of this form cannot exceed			xcee	d 5 days			Total amoun	t:		
from the date of issue				To be		e paid	d by the patier	t		
Assignment code						To be paid by the insurance company				
Patient signature Signature and stamp medical Hea					Signature and stamp of the Doctor					
Prescribed (Section Reserved For Doctor)				The	6. Medicines The Prescribing For The Pharmacist		ection Reserved st			
No:	Drugs					Dosage	Quantity	Tota	al Cost	
1	gliben	dibenclamide teva 5 mg, comprimé sécable 12		12 <i>′</i>	123	1514	151413			
						Total am	nount:	1514	413.00	
Important: The prescribing						<u> </u>				

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 (%)	30282.60
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	121130.40
Sigi	nature and stamp Prescribing Doctor	Signat	ture and stamp Pharmacist