

Medical Care Form

Claim number :  
123

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
Primary insured	Matricule:		Date and Time:		
	Nom:	Dhanashree 23423 2023-05-09	Agreed healthcare network:		
Patient	Carte ID:	234234			
	Full Name (first, middle, last):	Dhanashree 23423 2023-05-09			
	Age:	0.3	Prescribing Doctor / orientation: fr fr fr		
	Marital Status :				
	Gender :	Female			
4. Details Of Medical Procedures:					
Date	Code	Designation (Medical acts)	Coefficient	Rate	Total Cost

<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

Information & Access To Health Care			2. Patient Policy		3. Infos Reference Medical Center	
<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			
5. Details Of Paramedical Procedures:						
Date	Code	Designation (Medical acts)	Coefficient	Rate	Total Cost	
<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			
Patient signature		Signature and stamp medical Healthcare centre		Signature and stamp of the Doctor		
6. Medicines Prescribed (Section Reserved For Prescribing Doctor)			Section Reserved For The Pharmacist			
No:	Drugs	Dosage	Quantity	Total Cost		
1	PERINDOPRIL TOSILATE TEVA 10 mg, comprimé pelliculé	10	1	1		
<u>Important:</u> The prescribing		Total amount:		1.00		

<p>practitioner will</p> <p><b>Medicines Prescribed (Section Reserved For</b></p> <p>indicate the duration of</p> <p>treatment for each</p> <p><b>Prescribing Doctor)</b></p> <p>drug,</p>	<p>6.</p> <p>The</p>	<p><b>Section</b></p> <p><b>Reserved For The Pharmacist</b></p>
<p>this form is valid only for one</p> <p>pharmacy and</p> <p>its</p> <p>validity cannot exceed 72 hours</p> <p>after</p> <p>delivery</p>	<p>To be paid by</p> <p>the patient (%)</p>	<p>0.20</p>
	<p>To be paid by</p> <p>MAADO</p>	<p>0.80</p>
<p>Signature and stamp Prescribing Doctor</p>	<div data-bbox="1007 784 1308 920"></div> <p>Signature and stamp Pharmacist</p>	