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 wef wef wef	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: Marital Status: Gender: Code 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: Marital Status: Gender: 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	

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		
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Total amount: 100.00	No:	Drug	gs	Dosage	Quantity	Total	Cost		
	1	other 2		10	10	100	00		
OCCUPATION THE DESCRIPTION			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	80.00
Signature and stamp Prescribing Doctor		Signa	ture and stamp Pharmacist