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 Center	e Medica	al
Matricule:			Date and Time:		
Nom: john 2002-03-05		02-03-05	Agreed healthcare network:		
Carte ID:	42858				
	john 2002-03-05				
Age:	22.0		Prescribing Doctor / orientation: sd sdf sdf		
Marital Status :					
Gender :	Male				
edical Procedures:					
Loge	Designation (Medical acts)		Coefficient	IRate	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: john 20 Carte ID: 42858 Full Name (first, middle, last): Age: 22.0 Marital Status: Gender: Male edical Procedures: Designa	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: john 2002-03-05 Carte ID: 42858 Full Name (first, middle, last): Age: 22.0 Marital Status: Gender: Male dical Procedures: Designation (Medical	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: john 2002-03-05 Agreed healthcare Carte ID: 42858 Full Name (first, middle, last): Age: 22.0 Prescribing Docto sd sdf sdf Marital Status: Gender: Male Designation (Medical Coefficient	Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: john 2002-03-05 Agreed healthcare networ Carte ID: 42858 Full Name (first, middle, last): Age: 22.0 Prescribing Doctor / orien sd sdf sdf 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	

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 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 insurance company 5. Details Of Paramedical Procedures:								
Assignment code To be paid by the patient To be paid by the insurance company 5. Details Of Paramedical Procedures:								
insurance company 5. Details Of Paramedical Procedures:								
Date Code Designation (Medical acts) Coefficient Rate Total Cost	5. Details Of Paramedical Procedures:							
	Total Cost							
Total amount: 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 Doctor	the							
6. Medicines Prescribed (Section Reserved For The Prescribing The Pharmacist	Section Reserved For The Pharmacist							
Doctor)								
No: Drugs Dosage Quantity Total Cost								
1 irm de la région thoracique 10 10 100	100							
Total amount: 100.00 Important: The prescribing								

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 (%)	30.00
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	70.00
Signature and stamp Prescribing Doctor		Signa	ture and stamp Pharmacist