Medical Care Form

Claim number :gtgtg

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:	Eric dwed 2023-06-20	Agreed healthcare network:
Patient	Carte ID:	444	
	Full Name (first, middle, last):	Eric dwed 2023-06-20	
	Age:	0.3	Prescribing Doctor / orientation: grg rgrg rgrg
	Marital Status :		
	Gender :	Male	

4. Details Of Medical 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		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

Important: 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

Important: 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

,

Prescribed (Section Reserved For The Prescribing Doctor)	6. Medicines	Section Reserved For The Pharmacist

No:	Drugs	Dosage	Quantity	Total Cost
1	perindopril tosilate teva 10 mg, comprimé pelliculé	2	1	1

Prescribed (Section Reserved For Doctor)		6. Medicines The Prescribing		Section Reserved For The Pharmacist
2	gabapentine ranbaxy 400 mg, gélule	34	34	34
<u>Important:</u> The prescribing practitioner will indicate the duration of treatment for each drug, this form is valid only for one pharmacy and its validity cannot exceed 72 hours after delivery		Total amount:		35.00
		To be paid by the patient (%)		23.10
		To be paid by MAADO		11.90
Signature and stamp Prescribing Doctor		Signature and stamp Pharmacist		