Medical Care Form

Claim number :333

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: wef wef wef
	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

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

No:	Drugs	Dosage	Quantity	Total Cost
1	tramadol eg l.p. 200 mg, comprimé à libération prolongée	12	12	1452

<table>
<tr><th colspan="3">Prescribed (Section Reserved For Doctor)</th><th colspan="2">6. Medicines The Prescribing</th><th>Section Reserved For The Pharmacist</th></tr>
<tr><td>2</td><td>solian 100 mg, comprimé sécable</td><td></td><td>22</td><td>22</td><td>26664</td></tr>
<tr><td colspan="3" rowspan="3"><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</td><td colspan="2">Total amount:</td><td>28116.00</td></tr>
<tr><td colspan="2">To be paid by the patient (%)</td><td>27553.68</td></tr>
<tr><td colspan="2">To be paid by MAADO</td><td>562.32</td></tr>
<tr><td colspan="3">Signature and stamp Prescribing Doctor</td><td colspan="3">Signature and stamp Pharmacist</td></tr>
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