## **Medical Care Form**

Claim number:

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	Matricule:			Date and Time:			
insured	Nom:			Agreed healthcard	e networ	·k:	
	Carte ID:						
Patient	Full Name (first, middle, last):						
	Age:			Prescribing Docto fsd fsdf sdf	r / orien	tation:	
	Marital Status :						
	Gender :						
4. Details Of M	edical Procedures:						
Date	Code	Designa acts)	ation (Medical	Coefficient	IRate	Total Cost	

<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	

Doctor)  The Prescribing For The Pharmacist  No: Drugs Dosage Quantity Total Cost  1 imaging 1 10 10 1000	Information & Access To Health Care				2. Patient		3. Infos Reference Medical Center		
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	<u>lmportan</u>	nt: The validit	y of this form cannot e	exceed 5 days	from the		Tota	al amount:	
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  Assignment code  Patient signature  Signature and stamp medical Healthcare centre Company  Frescribed (Section Reserved For The Pharmacist For The Pharmacist Prescribing For The Pharmacist Prescribing For The Pharmacist Imaging 1  Dosage Quantity Total Cost  I imaging 1  Dosage Quantity Total Cost	date of is	sue					To be paid by the patient		
Date Code Designation (Medical acts) Coefficient Rate Total Cost    Important: The validity of this form cannot exceed 5 days from the date of issue	Assignme	ent code							
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  Patient signature  Signature and stamp medical Healthcare centre  Prescribed (Section Reserved For  The Prescribing  To be paid by the insurance company  Signature and stamp of the Doctor  For The Pharmacist  Doctor)  No: Drugs  Dosage Quantity  Total amount  To be paid by the patient  Section Reserved For The Pharmacist  Section Reserved For The Pharmacist  The Prescribing  To be paid by the patient  To be paid by the patient  Signature and stamp of the Doctor  The Prescribing  To be paid by the patient  Signature and stamp of the Doctor  The Pharmacist  To be paid by the patient  To be paid by t				5. De	ails Of P	aram	edical Procedu	ıres:	
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  Patient signature  Signature and stamp medical Healthcare centre  Frescribed (Section Reserved For  The Prescribing  Doctor)  Dosage Quantity  Total Cost  imaging 1  10 10 1000	Date Code Designation (Medical acts)		acts)	Coefficie	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  Patient signature  Signature and stamp medical Healthcare centre  Frescribed (Section Reserved For  The Prescribing  Doctor)  Doctor  Doctor  Doctor  Dosage Quantity  Total Cost  imaging 1  10 10 1000									
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  Patient signature  Signature and stamp medical Healthcare centre  Frescribed (Section Reserved For  The Prescribing  Doctor)  Doctor  Doctor  Doctor  Dosage Quantity  Total Cost  imaging 1  10 10 1000									
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  Patient signature  Signature and stamp medical Healthcare centre  Frescribed (Section Reserved For  The Prescribing  Doctor)  Doctor  Doctor  Doctor  Dosage Quantity  Total Cost  imaging 1  10 10 1000									
To be paid by the patient  To be paid by the insurance company  Patient signature Signature and stamp medical Healthcare centre Doctor  Frescribed (Section Reserved For The Pharmacist For The Pharmacist Doctor)  Doctor)  Dosage Quantity Total Cost  I imaging 1 10 10 1000			•	exceed 5 days	ed 5 days		Total amount:		
Patient signature Signature and stamp medical Healthcare centre Doctor  Prescribed (Section Reserved For The Pharmacist  Doctor)  Dosage Quantity Total Cost  1 imaging 1 10 10 1000	from the	date of issue			To be	e paid	by the patient		
Prescribed (Section Reserved For  The Prescribing  Doctor  Doctor  Section Reserved For The Pharmacist  Doctor  Doctor  Total Cost  imaging 1  10 10 1000	Assignme	ent code			To be p	•			
Prescribed (Section Reserved For The Prescribing For The Pharmacist  No: Drugs Dosage Quantity Total Cost  1 imaging 1 10 10 1000	Patient signature Signature and stamp me			o medical Hea	lthcare co	entre	•	l stamp of the	
1 imaging 1 10 10 1000				The		Section Reserved			
	No:	Drugs		Dosage	Quantity	Total	Cost		
T	1 imaging 1			10	10	1000			
Total amount: 1000.00  Important: The prescribing				Total ar	al amount: 1000.00				

Prescrib 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 (%)	200.00
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	800.00
Signature and stamp Prescribing Doctor		Signa	ture and stamp Pharmacist