Medical Care Form

Claim number :r34r

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:	Lindsay Laura 1973-02-12	Agreed healthcare network:
Patient	Carte ID:	569161	
	Full Name (first, middle, last):	Lindsay Laura 1973-02-12	
	Age:	50.7	Prescribing Doctor / orientation: Dr Amit Gulani
	Marital Status :		
	Gender :	Female	

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**	
<u>Important:</u> 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
<u>Important:</u> 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 Doctor)		**6. Medicines The Prescribing**		**Section Reserved For The Pharmacist**
No:	Drugs	Dosage	Quantity	Total Cost
1				320
<u>Important:</u> The prescribing		Total amount:		320.00

<table>
<tr><td rowspan="2">practitioner will
Prescribed (Section Reserved For
indicate the duration of treatment for each
Doctor)
drug,

this form is valid only for one pharmacy and

its

validity cannot exceed 72 hours after

delivery</td><td>**6. Medicines**

The Prescribing</td><td>**Section Reserved For The Pharmacist**</td></tr>
<tr><td>To be paid by the patient (%)</td><td>313.60</td></tr>
<tr><td></td><td>To be paid by MAADO</td><td>6.40</td></tr>
<tr><td>Signature and stamp Prescribing Doctor</td><td colspan="2"> 
Signature and stamp Pharmacist</td></tr>
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