Medical Care Form

Claim number:43f

| 1. Health Insurance System Information | | Filling Instructions | | | | | |
|--|--|---|---|---|---|--|--|
| SAM code: | | | Write legibly | | | | |
| SAM: | | | ID obligatoire | | | | |
| Information & Access To Health Care | | | 3. Infos Reference Medical Center | | | | |
| Matricule: | | | Date and Time: | | | | |
| Nom: | | | Agreed healthcare | e networ | ·k: | | |
| Carte ID: | | | | | | | |
| | | | | | | | |
| Age: | | | Prescribing Docto efwe wef wef | r / orien | tation: | | |
| Marital Status : | | | | | | | |
| Gender : | | | | | | | |
| 4. Details Of Medical Procedures: | | | | | | | |
| l one | Designation (Medical acts) | | Coefficient | Rate | Total Cost | | |
| | | | | | | | |
| | | | | | | | |
| | Access To Health Care Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender: | Access To Health Care Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status : Gender : edical Procedures: Designation | Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status : Gender : edical Procedures: Code Designation (Medical | Write legibly ID obligatoire 2. Patient Policy Matricule: Nom: Carte ID: Full Name (first, middle, last): Age: Marital Status: Gender: Code Designation (Medical Coefficient | Write legibly ID obligatoire 2. Patient Policy Matricule: Date and Time: Nom: Agreed healthcare networ Carte ID: Full Name (first, middle, last): Age: Prescribing Doctor / orientefwe wef wef Marital Status: Gender: Code Designation (Medical Coefficient Rate | | |

| <u>Important:</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 | |

| Patient signature Signature and stamp medical Healthcare centre Doctor 6. Medicines Prescribed (Section Reserved For | Informa | nformation & 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 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 To be paid by the patient To be paid by the insurance company To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre Signature and stamp of the Doctor 6. Medicines The Prescribing Prescribing Prescribing Section Reserved | | | | | | | | | |
| Assignment code 5. Details Of Paramedical Procedures: Coefficient Rate Total Cost 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 patient To be paid by the patient To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre Signature and stamp of the Doctor Coefficient Rate Total Cost To be paid by the insurance company For The Pharmacist Section Reserved For The Pharmacist The Prescribing For The Pharmacist | Important: The validity of this form cannot excee | | | 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 To be paid by the insurance company Patient signature Signature and stamp medical Healthcare centre Signature and stamp of the Doctor 6. Medicines The Prescribing For The Pharmacist | | | | | To be paid by the patient | | | he 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 To be paid by the patient Assignment code | Assignm | 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 Frescribed (Section Reserved For The Prescribing Section Reserved For The Pharmacist For The Pharmacist | | | | 5. Det | ails Of P | aramı | 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 Octor 6. Medicines The Prescribing Prescribing Section Reserved For The Pharmacist | Date | te 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 Octor 6. Medicines The Prescribing Doctor) Section Reserved For The Pharmacist | | | | | | | | | |
| 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 Octor 6. Medicines The Prescribing Prescribing Section Reserved For The Pharmacist | | | | | | | | | |
| 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 Octor 6. Medicines The Prescribing Doctor) Section Reserved For The Pharmacist | | | | | | | | | |
| Prescribed (Section Reserved For To be paid by the insurance company Signature and stamp medical Healthcare centre Doctor 6. Medicines The Prescribing Prescribing To be paid by the insurance company Signature and stamp of the Doctor Section Reserved For The Pharmacist | | | | exceed 5 days | | | Total amount: | | |
| Patient signature Signature and stamp medical Healthcare centre Octor Signature and stamp of the Doctor 6. Medicines The Prescribing Prescribing For The Pharmacist | from the | e date of issue | | | To be | e paid | by the patient | | |
| Prescribed (Section Reserved For The Prescribing Doctor The Prescribing Doctor The Pharmacist | Assignment code | | | | • | | | | |
| Prescribed (Section Reserved For The Prescribing Doctor) Section Reserved Prescribing | Patien | nt signature | nature Signature and stamp medical Heal | | | re centre Doctor | | | |
| No: Drugs Dosage Quantity Total Cost | Prescribed (Section Reserved For Th Pro | | | The | | Section Reserved For The Pharmacist | | | |
| | No: | Drugs | | Dosage | Quantity | Total | Cost | | |
| 1 afrom excel 1qq 6 6 36 | 1 | afrom excel 1qq | | 6 | 6 | 36 | 36 | | |
| Total amount: 36.00 Important: The prescribing | | _ | | Total an | nount: | 36.00 | | | |

| 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 (%) | 23.76 |
| | its validity cannot exceed 72 hours after delivery | To be paid by MAADO | 12.24 |
| Sign | nature and stamp Prescribing Doctor | Signa | ture and stamp Pharmacist |