


# 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 insured	Matricule:		Date and Time:		
	Nom:		Agreed healthcare network:		
Patient	Carte ID:				
	Full Name (first, middle, last):				
	Age:		Prescribing Doctor / orientation:		
	Marital Status :				
	Gender :				
4. Details Of Medical 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

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		
<u>Important:</u> The prescribing practitioner will		Total amount:				
		To be paid by the patient (%)				

<p>indicate the duration of treatment for <b>Prescribed (Section Reserved For</b> drug, <b>Doctor)</b> this form is valid only for one pharmacy</p>	<p><b>6. Medicines</b>  <b>The Prescribing</b></p>	<p><b>Section Reserved</b> <b>For The Pharmacist</b></p>
<p>and  its  validity cannot exceed 72 hours after  delivery</p>	<p>To be paid by MAADO</p>	
<p>Signature and stamp Prescribing Doctor</p>	<p> Signature and stamp Pharmacist</p>	