

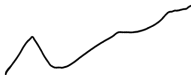
# Medical Care Form

Claim number :23244

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:	Suyesh 15151 2023-09-02	Agreed healthcare network:		
Patient	Carte ID:	22			
	Full Name (first, middle, last):	Suyesh 15151 2023-09-02			
	Age:	0.3	Prescribing Doctor / orientation: fdgdg dfgdg fgdfg		
	Marital Status :				
	Gender :	Male			
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		
1	glibenclamide teva 5 mg, comprimé sécable	43	234	7956		
<u>Important:</u> The prescribing		Total amount:		7956.00		

practitioner will <b>Prescribed (Section Reserved For each Doctor)</b> drug,	<b>6. Medicines</b>  <b>The Prescribing</b>	<b>Section Reserved For The Pharmacist</b>
this form is valid only for one pharmacy and  its  validity cannot exceed 72 hours after  delivery	To be paid by the patient (%)	5250.96
	To be paid by MAADO	2705.04
Signature and stamp Prescribing Doctor	 Signature and stamp Pharmacist	