


# Medical Care Form

Claim number :wedfw3

1. Health Insurance System Information			Filling Instructions		
SAM code:			Write legibly		
SAM:			ID obligatoire		
2. Patient Information & Access To Health Care Policy			3. Infos Reference Medical Center		
Primary insured	Matricule:		Date and Time:		
	Nom:	Prashant 1998-10-28	Agreed healthcare network:		
Patient	Carte ID:	123			
	Full Name (first, middle, last):	Prashant 1998-10-28			
	Age:	25.2	Prescribing Doctor / orientation:		
	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

2. Patient Information & Access To Health Care 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	
6. Medicines Prescribed (Section Reserved For The Prescribing Doctor)			Section Reserved For The Pharmacist		
No:	Drugs	Dosage	Quantity	Total Cost	
1				10	
<u>Important:</u> The		Total amount:		10.00	

prescribing practitioner will indicate the duration of treatment for each Prescribing Doctor)	6. The	Section Reserved For The Pharmacist
drug, this form is valid only for one pharmacy and its validity cannot exceed 72 hours after delivery	To be paid by the patient (%)	2.00
	To be paid by MAADO	8.00
Signature and stamp Prescribing Doctor	 Signature and stamp Pharmacist	