## **Medical Care Form**

Claim number:

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:	rohit 2024-01-03		Agreed healthcare network:				
Carte ID:	sdfsdf						
Full Name (first, middle, last):	rohit 2024-01-03						
Age:	0.2		Prescribing Doctor / orientation: fsd fsdf sdf				
Marital Status :							
Gender :	Male						
4. Details Of Medical Procedures:							
Loge	Designation (Medical acts)		Coefficient	IRate	Total Cost		
	Access To Health Care  Matricule:  Nom:  Carte ID:  Full Name (first, middle, last):  Age:  Marital Status:  Gender:  edical Procedures:	Access To Health Care  Matricule:  Nom:  Carte ID:  Sdfsdf  Full Name (first, middle, last):  Age:  O.2  Marital Status:  Gender:  Male  edical Procedures:  Designa	Write legibly  ID obligatoire  2. Patient Policy  Matricule:  Nom: rohit 2024-01-03  Carte ID: sdfsdf  Full Name (first, middle, last):  Age: 0.2  Marital Status:  Gender: Male  edical Procedures:  Code  Designation (Medical	Write legibly  ID obligatoire  2. Patient Policy  Matricule:  Nom: rohit 2024-01-03 Agreed healthcare  Carte ID: sdfsdf  Full Name (first, middle, last):  Age: 0.2 Prescribing Docto fsd fsdf sdf  Marital Status:  Gender: Male  Designation (Medical Coefficient	Write legibly  ID obligatoire  2. Patient Policy  Matricule:  Nom: rohit 2024-01-03 Agreed healthcare networ  Carte ID: sdfsdf  Full Name (first, middle, last):  Age: 0.2 Prescribing Doctor / oriented fsd fsdf sdf  Marital Status:  Gender: Male  Designation (Medical Coefficient Rate		

<u>lmportant:</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	

Total amount: 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  To be Paid by the insurance company  Signature and stamp of the Doctor	Information & Access To Health Care			2. Patient Policy		. Infos Referen enter	ce Medical	
Assignment code  To be paid by the insurance company  5. Details Of Paramedical Procedures:  Date Code Designation (Medical acts) Coefficient Rate Total Cost  In the validity of this form cannot exceed 5 days from the date of issue  To be paid by the insurance company  To be paid by the patient  To be paid by the insurance company  Form the date of issue  For the patient signature and stamp medical Healthcare centre Signature and stamp of the Doctor  Prescribed (Section Reserved For The Pharmacist  To be paid to the insurance company  Signature and stamp of the Doctor  For The Pharmacist  Total amount: Total Cost  The Prescribing For The Pharmacist  Total amount: Total Cost  Total amount: Total Cost								
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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 insurance company  Patient signature Signature and stamp medical Healthcare centre Company  Prescribed (Section Reserved For The Pharmacist  To bright Pharmacist  Section Reserved For The Pharmacist  Doctor  Doctor  Dosage Quantity Total Cost  In hello In	date of iss	sue					To be paid by t	he patient
Date Code Designation (Medical acts) Coefficient Rate Total Cost    Coefficient Rate   Total Cost	Assignme	nt code						
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To be paid by the patient  To be paid by the insurance company  Patient signature  Signature and stamp medical Healthcare centre  6. Medicines The Prescribed (Section Reserved For The Prescribing  Doctor)  Doctor  Doctor  Doctor  Dosage Quantity Total Cost Total amount: 100.00	Date	Date Code Designation (Medical acts)		acts)	Coefficie	Coefficient Rate		Total Cost
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Prescribed (Section Reserved For  The Prescribing  Doctor  Doctor  Doctor  Section Reserved For The Pharmacist  Doctor  Doctor  Total amount: 100.00	Assignment code				To be pa	•		
Prescribed (Section Reserved For The Pharmacist  No: Drugs Dosage Quantity Total Cost  1 hello 10 10 100  Total amount: 100.00	Patient signature Signature and stamp medical H			medical Heal	officare centre I " " " " " " " " " " " " " " " " " "			
1 hello 10 100  Total amount: 100.00	Prescribed (Section Reserved For  Doctor)			The	Section Reserve			
Total amount: 100.00	No:	Di	rugs	Dosage	Quantity	Total	Cost	
	1	he	ello	10	10	100		
			Total am	Total amount: 100.00				

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 (%)	20.00
		To be paid by MAADO	80.00
Sign	nature and stamp Prescribing Doctor	Signa	ture and stamp Pharmacist