Medical Care Form

Claim number:32421

1. Health Insurance System Information			Filling Instructions				
SAM code:			Write legibly				
SAM:			ID obligatoire				
Access To Health Care			3. Infos Reference Medical Center				
Matricule:			Date and Time:				
Nom:	Dhiraj G	5. 2000-06-18	Agreed healthcare network:				
Carte ID:	567777	7					
Full Name (first, middle, last):	Dhiraj G	5. 2000-06-18					
Age:	23.4		Prescribing Doctor / orientation: dsad sad sa				
Marital Status :							
Gender :	Male						
edical Procedures:							
l ode	Designation (Medical acts)		Coefficient	IRate	Total Cost		
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<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	

The Pharmacist Prescribing	Information & 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 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 Patient signature Signature and stamp medical Healthcare centre For The Pharmacist Doctor Doctor Dosage Quantity Total Cost adempas 1,5 mg, comprimé pelliculé 232 3 126										
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1 adempas 1,5 mg, comprimé pelliculé 232 3 126	Prescribed (Section Reserved For Th				The	Section Reserved				
	No:	Drugs	5		C)osage (Quantity	Total	Cost	
Total amount: 126.00	1	adem	pas 1,5 mg,	comprimé pelliculé	2	232	3	126		
Important: The prescribing					Ţ	otal am	ount:	126.0	0	

Prescrik 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 (%)	25.20
	its validity cannot exceed 72 hours after delivery	To be paid by MAADO	100.80
Sigi	nature and stamp Prescribing Doctor	Signa	ture and stamp Pharmacist