

RECOMMANDATIONS IMPORTANTES A LIRE POUR ACTIVER LES REMBOURSEMENTS ET EVITER LES REJETS

Conditions générales :

- Le cadre réservé à l'adhérent doit être dûment renseigné.
- Le cadre réservé au médecin doit être renseigné par le praticien lui-même notamment la nature de la maladie.
- La validité de la feuille de soins est limitée à 3 mois à compter de la première consultation.
- L'entente préalable est exigée pour toute hospitalisation médicale, chirurgicale, soins dentaires spéciaux, extractions multiples, parodontie orthodontie, prothèses dentaires, prothèses auditives ou orthopédiques ainsi que pour tous les actes effectués en série.
- En cas d'accident, une déclaration précisant les causes et circonstances de l'accident est à joindre à la feuille de soins.

Pharmacie :

- Les vignettes des médicaments doivent être obligatoirement jointes aux ordonnances.
- Pour les médicaments sans vignettes une facture de la pharmacie doit être jointe.

Radiologie et Biologie :

- La facture ainsi qu'une copie des résultats des analyses ou du compte rendu (sous pli confidentiel) doivent être jointes à l'ordonnance médicale pour toute demande de remboursement.
- Un pli confidentiel du médecin prescripteur des analyses ou radios peut être demandé par le médecin conseil de la mutuelle.

Optique :

- L'ordonnance du médecin prescripteur et la facture de l'opticien sont à joindre à la feuille de soins.

Rééducation :

- L'entente préalable renseignée par le médecin prescripteur est exigée avant le début des séances de rééducations.
- Pour le remboursement, la facture et le calendrier des séances effectuées sont à joindre à la feuille de soins.

Dentaire :

- En cas de prothèses ou de traitement canalaires, l'accord préalable renseigné sur la feuille de soins est obligatoire avant le début de traitement.
- La facture doit être jointe à la feuille de soins pour toute demande de remboursement.
- La radio-après soins est obligatoire en cas de prothèses ou de traitement canalaires.

Maladie et Affection Longue Durée ALD et ALC :

- La déclaration de maladie chronique doit être renseignée par le médecin prescripteur et renouvelée tous les 6 mois.

Adresses Mails utiles

- 0 Réclamation : contact@mupras.com
- 0 Prise en charge : pec@mupras.com
- 0 Adhésion et changement de statut : adhesion@mupras.com

La MUPRAS garantit le respect de la loi n° 09-08 relative à la protection des personnes physiques à l'égard du traitement des données à caractère personnel.



Déclaration de Maladie

N° W21-728785

138604

☒ **Maladie** ☐ **Dentaire** ☐ **Optique** ☐ **A**

Cadre réservé à l'adhérent (e) :

Matricule : 05252 Société :

☐ Actif ☐ Pensionné(e) ☐ Autre :

Nom & Prénom : TACHI Escadid

Date de naissance : 18/09/1959

Adresse : 13 Rue TAOUDA HAY HANA
COP

Tél. : 0661345632 Total des frais engagés : 170 dh

Autorisation CNDP N° : A-A-215/2019

Cadre réservé au Médecin

Cachet du médecin :

Date de consultation : 07 OCT 2023

Nom et prénom du malade : TACHI Escadid Age :

Lien de parenté : ☒ Lui-même ☐ Conjoint ☐ Enfant

Nature de la maladie : Gonalgies dorsales

En cas d'accident préciser les causes et circonstances :

Dans le cas où la maladie aurait un caractère confidentiel, communiquer les renseignements sous pli confidentiel à l'attention du médecin conseil de la Mutuelle.

J'atteste sur l'honneur l'exactitude des renseignements portés sur la présente déclaration. Je
avoir pris connaissance de la clause relative à la protection des données personnelles.

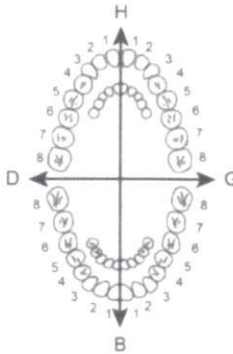
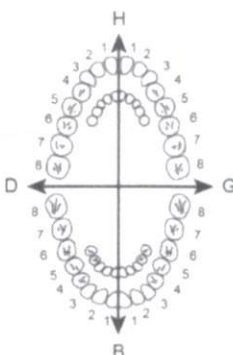
Fait à : ... Le : 28 / 09 / 2023

Signature de l'adhérent(e) :

| RELEVÉ DES FRAIS ET HONORAIRES | | | | |
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| Dates des Actes | Natures des Actes | Nombre et Coefficient | Montant détaillé des Honoraires | Cachet et signature du Médecin attestant le Paiement des Actes |
| 26/09/2022 | G | 170 DH. | Dr. Mohamed EL JAMRI Chirurgie Orthopédique et Traumatologique | INP. 061293588 |

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| 26/02/2022 | G | 170DH. | Dr. Mohamed EL JAMRI Chirurgie Orthopédique et Traumatologique | INP 061293518 |

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| Le praticien est prié de préciser la dent traitée, l'acte pratiqué en indiquant la nature des soins. | | | | | | | | | | | | | | | | | | |
| Important : Veuillez joindre les radiographies en cas de prothèses ou de traitement canaux, ainsi que le bilan | | | | | | | | | | | | | | | | | | |
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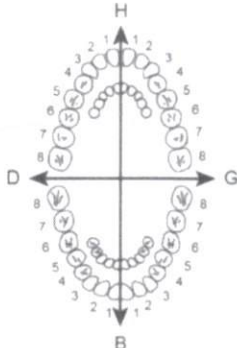
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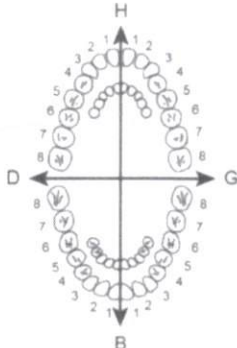
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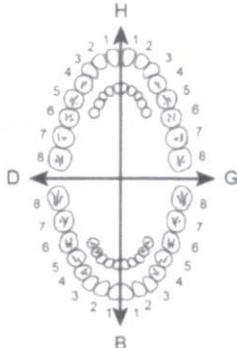
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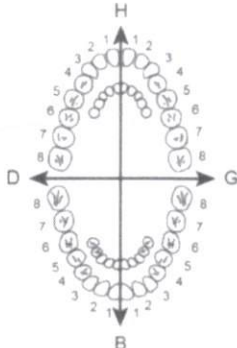
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| O.D.F PROTHESES DENTAIRES | | DETERMINATION DU COEFFICIENT MASTICATOIRE | | COEFFICIENT DES TRAVAUX | | | | | | | | | | | | | | | |
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| O.D.F PROTHESES DENTAIRES | | DETERMINATION DU COEFFICIENT MASTICATOIRE | | COEFFICIENT DES TRAVAUX | | | | | | | | | | | | | | | |
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