

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 canaux, 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 canaux.

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

- Réclamation : contact@mupras.com
- Prise en charge : pec@mupras.com
- 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.

MUPRAS : Centre Allal Ben Abdellah - 6ème Etage Angle Rue Mohamed Fakir et Rue Allal Ben Abdellah - Quartier de l'Unité - Casablanca 20000 - Tél. : 05 22 20 45 45 (LG) - Fax : 05 22 22 78 18 - www.mupras.com



MUPRAS
Mutuelle de Prévoyance
& d'Actions Sociales
de Royal Air Maroc

Déclaration de Maladie

M23-014580

166625

☐ Maladie

☐ Dentaire

☐ Optique

☐ Autres

Cadre réservé à l'adhérent (e)

Matricule : 528

Société : R.A.M.

☐ Actif

☒ Pensionné(e)

☐ Autre :

Nom & Prénom : BENOUGHOU MOHAMED

Date de naissance : 29/01/42

Adresse : 3, Rue Sanae El Ghoul Zouaïm, 2^e étage
App. 5, 10 Palmier CASABLANCA

Tél : 0522250700

Total des frais engagés : 148,20

Dhs

Cadre réservé au Médecin

Docteur SOUALY M.
Cardiologue
Angle Rue d'Azemmour & Bd. Sidi Abderrahman
Mansour, Casablanca N°10 - 1^{er} Etage H. Hassan
Casablanca - Tél : 0522 91 91 32

Cachet du médecin :

Date de consultation : 15 JUN 2023

Nom et prénom du malade : M. BENOUGHOU MOHAMED

Lien de parenté : ☒ Lui-même

☐ Conjoint

☐ Enfant

Nature de la maladie : H.T.A.

Affection longue durée ou chronique : ☐ ALD ☐ ALC

Pathologie :

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 déclare avoir pris connaissance de la clause relative à la protection des données personnelles.

Fait à : CASABLANCA

Signature de l'adhérent(e) :

Autorisation CNDP N° : A-A-215/2019

RELEVÉ DES FRAIS ET HONORAIRES

Dates des Actes	Natures des Actes	Nombre et Coefficient	Montant détaillé des Honoraires	Cachet et signature du Médecin attestant le Paiement des Actes
15 JUIN 2023		C2	gratuit	

EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
	15/06/23	148.25

ANALYSES - RADIOGRAPHIES

Cachet et signature du Laboratoire et du Radiologue	Date	Désignation des Coefficients	Montant des Honoraires

AUXILIAIRES MEDICAUX

Cachet et signature du Praticien	Date des Soins	Nombre				Montant détaillé des Honoraires
		A M	P C	I M	I V	

RELEVÉ DES FRAIS ET HONORAIRES

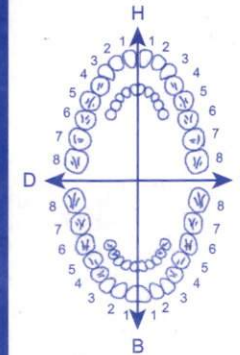
Le praticien est prié de préciser la dent traitée, l'acte pratiqué en indiquant la nature des soins.

Important :

Veuillez joindre les radiographies en cas de prothèses ou de traitement canalaires, ainsi que le bilan de l'ODF.

SOINS DENTAIRES

Dents Traitées Nature des Soins Coefficient



COEFFICIENT DES TRAVAUX

MONTANTS DES SOINS

DEBUT D'EXECUTION

FIN D'EXECUTION

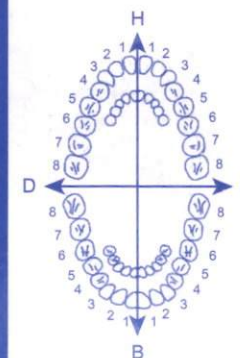
O.D.F PROTHESES DENTAIRES

DETERMINATION DU COEFFICIENT MASTICATOIRE

H
25533412 21433552
00000000 00000000
D 00000000 00000000 G
35533411 11433553
B

[Création, remont, adjonction]

Fonctionnel, Thérapeutique, nécessaire à la profession



COEFFICIENT DES TRAVAUX

MONTANTS DES SOINS

DATE DU DEVIS

DATE DE L'EXECUTION

VISA ET CACHET DU PRATICIEN ATTESTANT LE DEVIS

VISA ET CACHET DU PRATICIEN ATTESTANT L'EXECUTION

Docteur M. SOUALY
Cardiologue

Diplômée de la Faculté de Paris



الدكتورة م. اسوالي

اختصاصية في أمراض القلب

خريجة جامعة باريس

Echo - doppler Cardiaque - Holter TA - Holter Rythmique - ECG Effort

Casablanca, le

15 JUIN 2023

M: BEN MOU HADJ M. EL KHAL

40433

A. 20 500 100

1482

Transfèrement de 300

د. اسوالي
Docteur SOUALY M
Cardiologue

Angle Rte. d'Azzoum & Bd. Sidi Abderrahmane
Communal N°10 - 1er Etage H. Hassani
Tél. : 0522 91 31 38

Election unit

200

Sur Rendez-vous

بالموعد

Angle Bd Abdelhadi Boutaleb & Bd. Sidi Abderrahmane, Immeuble Communal B
N° 10, 1er Etage Hay Hassani - Casablanca

Tél. : 0522 91 31 38

AMEP® 5 mg & 10 mg, Tablets
Box of 14, 28 & 56.
Amlodipine

LOT 221039
EXP 07/2025
PPV 49 40DH

Read all of this leaflet carefully before you start taking this medicine as it contains important information for you.
Keep this leaflet. You may need to read it again.
If you have any further questions, ask your doctor or pharmacist.
This medicine has been prescribed for you only. Do not pass it on to anyone else as it may harm them, even if their signs of illness are the same as yours.
If any of the side effects get serious, or if you notice any side effects not listed in the leaflet, please tell your doctor or pharmacist.

What is in this leaflet:

- What AMEP® 5 & 10 mg Tablets are and what they are used for
- What you need to know before you take AMEP® 5 & 10 mg Tablets
- How to take AMEP® 5 & 10 mg Tablets?
- What are the possible side effects?
- How to store AMEP® 5 & 10 mg Tablets?
- Further information

What AMEP® 5 & 10 mg Tablets are and what they are used for?

AMEP® contains the active substance amlodipine which belongs to a group of medicines called calcium channel blockers.

AMEP® is used to treat high blood pressure (hypertension) or a certain type of chest pain called angina, a rare form of which is Prinzmetal's angina.

In patients with high blood pressure this medicine works by relaxing blood vessels, so blood passes through them more easily. In patients with angina, AMEP® works by improving blood supply to the heart muscle which then receives more oxygen and as a result chest pain is prevented. This medicine does not provide immediate relief of chest pain from angina.

What do you need to know before you take AMEP® 5 & 10 mg Tablets?

Do not take AMEP® Tablet:

If you are allergic (hypersensitive) to amlodipine or any other ingredients of this medicine listed in section "Composition", or to any other calcium channel blockers. This may be itching, reddening of the skin or difficulty in breathing.

If you have severe low blood pressure (hypotension).

If you have narrowing of the aortic heart valve (aortic stenosis) or cardiogenic shock (a condition where your heart is unable to supply enough blood to the body).

If you suffer from heart failure after a heart attack.

Pay attention with AMEP® Tablet:

Talk to your doctor or pharmacist before taking AMEP®.

You should inform your doctor if you have or have had any of the following conditions:

Recent heart attack

Heart failure

Severe increase in blood pressure (Hypertensive crisis)

Liver disease

If you are elderly and your dose needs to be increased

Children and adolescents:

AMEP® has not been studied in children under the age of 6 years. AMEP® should only be used for hypertension in children and adolescents from 6 years to 17 years of age (see section 3). For further information, talk to your doctor.

Other medicines and AMEP® Tablets:

Tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription.

AMEP® may affect or be affected by other medicines, such as:

Isotretinoin, itraconazole (anti-fungal medicines),

Zidovudine, zalcitabine, didanosine, zalcitabine (so called protease inhibitors used to treat HIV),

Amphotericin, erythromycin, clarithromycin (antibiotics),

Hypericum perforatum (millepertuis),

Verapamil, diltiazem (heart medicines),

Propofol (infusion for severe body temperature abnormalities),

Sunitinib, sirolimus, temsirolimus, and everolimus (medicines used to alter the way your immune system works),

Simvastatin (cholesterol lowering medicine),

Cyclosporine (an immunosuppressant).

AMEP® may lower your blood pressure even more if you are already taking other medicines to treat your high blood pressure.

AMEP® with food and drink:

Avoid grapefruit and grapefruit juice should not be consumed by people who are taking AMEP®. This is because grapefruit and grapefruit juice can lead to an increase in the blood levels of the active ingredient amlodipine, which can cause an unpredictable increase in the blood pressure lowering effect of AMEP®.

Pregnancy and breast-feeding:

Pregnancy:

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