

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 canalaire, 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 canalaire.

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'Horloge 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

M22- 0006728

1986/13

☐ Maladie

☐ Dentaire

☐ Optique

☐ Autres

Cadre réservé à l'adhérent (e)

Matricule : 1539 Société : RAM
☐ Actif ☐ Pensionné(e) ☒ Autre :
Nom & Prénom : MASTRIKERTOU VVE MAHIRI Mohammed
Date de naissance : 1959 / 03 / 29
Adresse : Sidi Khadid Bloc 17 N 19 Has Hassani Casa
Tél. : 0661332985 Total des frais engagés : Dhs

Cadre réservé au Médecin

Dr. CARIOU - BELGADI Joelle
ENDOCRINOLOGUE
119, Bd. d'Anzarane
Maârif - CASABLANCA

Cachet du médecin :

Date de consultation : 21 / 11 / 2023
Nom et prénom du malade : MASTRIKERTOU VVE MAHIRI Mohammed Age : 1959

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

Nature de la maladie : Thyroïdite chronique n°1 HTA

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 : Casa Le : 21 / 11 / 2023
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
21/11/2023	Cr	1	300,00	Dr. CARIOU - BELQADI Joelle ENDODONTISLOGUE 119, Bd. El Anzarane Maarif - CASABLANCA

EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
	21/11/2023	671,80

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 <table border="1"> <tr> <td colspan="2">H</td> </tr> <tr> <td>25533412</td> <td>21433552</td> </tr> <tr> <td>00000000</td> <td>00000000</td> </tr> <tr> <td>D</td> <td>G</td> </tr> <tr> <td>00000000</td> <td>00000000</td> </tr> <tr> <td>35533411</td> <td>11433553</td> </tr> <tr> <td colspan="2">B</td> </tr> </table> (Création, remont, adjonction) Fonctionnel, Thérapeutique, nécessaire à la profession			H		25533412	21433552	00000000	00000000	D	G	00000000	00000000	35533411	11433553	B		COEFFICIENT DES TRAVAUX
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				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

Dr. CARIOU BELQADI Joëlle

ENDOCRINOLOGIE METABOLISME

Lauréate de la Faculté de PARIS

الدكتورة كاريو بلقاضي جوييل

إختصاصية في أمراض الغدد والتغذية

خريجة كلية الطب بباريس

Mr NASTARI Kellouche

Casablanca, le : 21 / 11 / 20

24/40 x 6

Levothyrox 100 et 50

150 µg - 6 jours - 6 jours / 2

175 µg = 1 cp 100 + 1 cp 50 = 1 jour / 2

49,60 x 2

25 Dures Fata 1 dose par mois

49,40 x 7 Dures 5 1 cp le soir

Leu 6 mois

Dr. CARIOU - BELQADI
ENDOCRINOLOGIE
119, Bd. Bir Anzarane
Maârif - CASABLANCA

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6 118001 102006
Levothyrox® 25 µg,
Comprimés sécables B/30
PPV: 6,80 DH

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Levothyrox® 25 µg,
Comprimés sécables B/30
PPV: 6,80 DH

119, شارع بئر انزران - إقامة رمزي, باب (ب) الطابق الثاني - المعاريف - 20100 الدار البيضاء

الهاتف : 05 22 99 26 53 - 05 22 23 84 84 - 05 22 98 14 67

119, Bd. BIR ANZARANE - Résidence RAMZI - Porte B 2ème Etage - Maârif - 20100 CASABLANCA

Tél.: 05 22 23 84 84 - 05 22 98 14 67 - 05 22 99 26 53 - E-mail : carioujoelle@yahoo.fr - ICE : 001634169000021

PPV: 49,60 DH
LOT: 23C29
EXP: 03/2026

PPV: 49,60 DH
LOT: 23C29
EXP: 03/2026


118001 102006
Levothyrox® 25 µg,
Comprimés sécables B/30
PPV: 6,80 DH
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Levothyrox® 100 µg,
Comprimés sécables B/30
PPV: 24,40 DH
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somnolence (en particulier au début du traitement)
cardiaques), bouffées vasomotrices.
constipation, indigestion.

ste suivante ont été rapportés. Si vous ressentez des effets graves ou si vous présentez des effets indésirables, veuillez en informer votre médecin ou pharmacien.

affecter jusqu'à 1 personne sur 100 :
ion, insomnie.
e conscience.
illements dans les membres, perte de la

ar une inflammation de la muqueuse du nez

transpiration, démangeaisons cutanées, coloration de la peau.
s, diminution des plaquettes sanguines
augmentation des seins chez l'homme.
urs dorsales.

usqu'à 1 personne sur 1 000 :

ecter jusqu'à 1 personne sur 10 000 :
s, diminution des plaquettes sanguines
e d'hématomes ou des saignements

rglycémie).
e musculaire, des fourmillements ou un

ation du foie (hépatite), jaunissement de
ques pouvant avoir un effet sur certaines

souvent accompagnée d'une éruption

lements et/ou trouble du mouvement.

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ontinue du rapport bénéfice/risque du

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figurant sur la boîte.
ut ni avec les ordures ménagères.
es médicaments que vous n'utilisez
l'environnement.

primé

	AMEP 10 en mg	AMEP 5 en mg
	13.90	6.95
	10.00	5.00

phosphate de calcium dihydrate, Silice
(e A), Stéarate de magnésium.

M au Maroc
PER
PHARMA
20110 Casablanca

été approuvée est : Janvier 2019
ce

CI : 6278

AMEP® 5 mg & 10 mg, Tablets

Box of 14, 28 & 56.

Amlodipine

Read all of this leaflet carefully before you start taking this medicine because 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 others. 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 that are not listed in the leaflet, please tell your doctor or pharmacist.

What is in this leaflet:

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

1. What AMEP® 5 & 10 mg Tablets are and what are they 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 that 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.

2. 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
- 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:

- ketoconazole, itraconazole (anti-fungal medicines),
- ritonavir, indinavir, nelfinavir (so called protease inhibitors used to treat HIV),
- rifampicin, erythromycin, clarithromycin (antibiotics),
- Hypericum perforatum (millepertuis),
- verapamil, diltiazem (heart medicines),
- dantrolene (infusion for severe burns),
- tacrolimus, sirolimus, temsirolimus (which affect your immune system works),
- simvastatin (cholesterol lowering medicines),
- cyclosporine (an immunosuppressant).

AMEP® may lower your blood pressure. Tell your doctor if you are taking medicines to treat your high blood pressure.

AMEP® with food and drink:

Grapefruit juice and grapefruit seeds can increase the blood levels of the active ingredient in AMEP®. This is because grapefruit juice and seeds increase the blood levels of the active ingredient in the blood pressure medicine.

Pregnancy and breast-feeding:

Pregnancy:

LOT 230424
EXP 03/2026
PPV 49.40DH

AMEP® 5 mg & 10 mg, Tablets

Box of 14, 28 & 56.

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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:

- ketoconazole, itraconazole (anti-fungal medicines),
- ritonavir, indinavir, nelfinavir (so called protease inhibitors used to treat HIV),
- rifampicin, erythromycin, clarithromycin (antibiotics),
- Hypericum perforatum (millepertuis),
- verapamil, diltiazem (heart medicines),
- dantrolene (infusion for severe body temperature abnormalities),
- tacrolimus, 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.

Do not take AMEP® with food and grapefruit juice and grapefruit juice.

AMEP®. This is because grapefruit juice increases the blood levels of the active ingredient.

Pregnancy and breastfeeding:

Pregnancy:

LOT 230424
EXP 03/2026
PPV 49.40DH

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AMEP® 5 mg & 10 mg, Tablets

Box of 14, 28 & 56.

Amlodipine

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Other medicines and AMEP® Tablets:

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- simvastatin (cholesterol-lowering medicine)
- cyclosporine (an immunosuppressant)

AMEP® may lower your blood pressure.

Do not take AMEP® with food and drink containing grapefruit juice and grapefruit.

This is because it can increase the blood levels of the active ingredient in the blood.

Pregnancy and breastfeeding: Do not take AMEP® during pregnancy and breastfeeding.

LOT 230424
EXP 03/2026
PPV 49.40DH

Other medicines you are taking may affect the way AMEP® works.

Do not take AMEP® if you are taking other medicines that can affect the way AMEP® works.

AMEP® 5 mg & 10 mg, Tablets

Box of 14, 28 & 56.

Amlodipine

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6. Further informations

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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 that 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
- 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:

- ketoconazole, itraconazole (anti-fungal medicines),
- ritonavir, indinavir, nelfinavir (so called protease inhibitors used to treat HIV),
- rifampicin, erythromycin, clarithromycin (antibiotics),
- Hypericum perforatum (millepertuis),
- verapamil, diltiazem (heart medicines),
- dantrolene (infusion for severe body temperature abnormalities),
- tacrolimus, 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.

Do not take AMEP® with food and grapefruit juice and grapefruit juice.

AMEP®. This is because grapefruit juice increases the blood levels of the active ingredient in the blood pressure medicine.

Pregnancy and breastfeeding: Tell your doctor if you are pregnant or breastfeeding.

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AMEP® 5 mg & 10 mg, Tablets

Box of 14, 28 & 56.

Amlodipine

Read all of this leaflet carefully before you start taking this medicine because 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 others.

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 that are not listed in the leaflet, please tell your doctor or pharmacist.

What is in this leaflet:

1. What AMEP® 5 & 10 mg Tablets are and what they are used for?
2. What you need to know before you take AMEP® 5 & 10 mg Tablets?
3. How to take AMEP® 5 & 10 mg Tablets?
4. What are the possible side effects?
5. How to store AMEP® 5 & 10 mg Tablets?
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- If you suffer from heart failure after a heart attack.

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- cyclosporine (an immunosuppressant)

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- simvastatin (cholesterol-lowering medicine)
- cyclosporine (an immunosuppressant)

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Pregnancy and breastfeeding:

Pregnancy:

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