

# 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.
- les achats des médicaments à l'étranger en cas d'absence des vignettes ou codes-barres une facture du pharmacien est exigée en plus de l'ordonnance du médecin prescripteur

## 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 une fois par an.

## 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.

W21-838364

✓ 98284

Optique

Autres

Maladie

Dentaire

Cadre réservé à l'adhérent(e)

Matricule : 12.839

Société :

Actif

Pensionné(e)

Autre :

EL HADDADI Fahd

Nom & Prénom :

20.06.1988

Date de naissance :

Adresse :

Tél. : 06 78 703 760

Total des frais engagés : 1000000000 Dhs

Cadre réservé au Médecin

**Dr. SAÏFAoui Nour**  
Ophtalmologiste  
193, Bd Oum Rabil, Etage 1  
Oulfa - Casablanca  
Tél : 05 22 93 03 80

Cachet du médecin :

Date de consultation : 18.01.2024

Nom et prénom du malade :

EL HADDADI Fahd Age : 41

Lien de parenté :

Lui-même

Conjoint

Enfant

Nature de la maladie :

Affection

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.

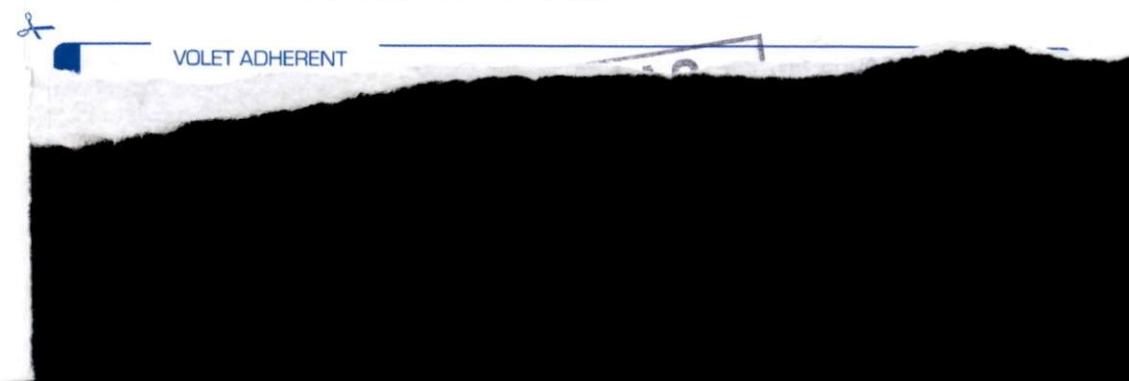
J'atteste sur l'honneur l'exactitude des renseignements portés sur la présente déclaration. Je déclare avoir pris connaissance de la clause relative à la protection des données personnelles.

Fait à :

Le : / /

Signature de l'adhérent(e) :

VOLET ADHERENT



| RELEVE 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                             |
| 18/01/2024                     | CS                |                       | Général                         | Dr. S.A.I.F.A<br>Ophtalmologist<br>183, Bd Oum Rabiha<br>Casablanca<br>Tel : 0522 93 03 80 |

| EXECUTION DES ORDONNANCES                                       |                     |                       |
|---|---------------------|-----------------------|
| Cachet du Pharmacien ou du Fournisseur                          | Date                | Montant de la Facture |
| I LOOK EYEWEAR<br>ISF : 003401970000087<br>Tél : 05 20 63 66 76 | 13/02/26<br>Optique | 2100.00 DH            |

| ANALYSES - RADIGRAPHIES                             |      |                             |                        |
|---|------|-----------------------------|------------------------|
| Cachet et signature du Laboratoire et du Radiologue | Date | Désignation des Cœfficients | Montant des Honoraires |
|   |      |                             |                        |
|   |      |                             |                        |
|   |      |                             |                        |
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|   |      |                             |                        |

| RELEVE DES FRAIS ET HONORAIRES   |  |                  |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
|--|--|------------------|-------------|------------------------|-------------------------|-------------------------|------------|----------|----------|----------|----------|---|----------|----------|----------|--|
| Le praticien est prié de préciser la dent traitée, l'acte pratiqué en indiquant la nature des soins.   |  |                  |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
| <b>Important :</b><br>Veuillez joindre les radiographies en cas de prothèses ou de traitement canalaires, ainsi que le bilan de l'ODF.   |  |                  |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
|  | Dents Traitées   | Nature des Soins | Coefficient | Montant des Honoraires | COEFFICIENT DES TRAVAUX |                         |            |          |          |          |          |   |          |          |          |  |
|  |  |                  |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
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| MONTANTS DES SOINS   |  |                  |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
| DEBUT D'EXECUTION  |  |                  |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
| FIN D'EXECUTION  |  |                  |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
|  | DETERMINATION DU COEFFICIENT MASTICATOIRE  |                  |             |                        |                         | COEFFICIENT DES TRAVAUX |            |          |          |          |          |   |          |          |          |  |
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| B  |  | 35533411         | 11433553    |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
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| H  | 25533412   | 21433552         |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
| D  | 00000000   | 00000000         |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
| B  |  | 35533411         | 11433553    |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
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| D  | 00000000   | 00000000         |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
| B  |  | 35533411         | 11433553    |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
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| B  |  | 35533411         | 11433553    |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
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| B  |  | 35533411         | 11433553    |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
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| H  | 25533412   | 21433552         |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
| D  | 00000000   | 00000000         |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
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| D  | 00000000   | 00000000         |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
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| D  | 00000000   | 00000000         |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |
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| H  | 25533412   | 21433552</       |             |                        |                         |                         |            |          |          |          |          |   |          |          |          |  |

# I Look Eyewear

Centre Commercial Bo Village, Magasin N°1, Bouskoura

Patente : 32904195 / IF : 53688950 / RC : 604181

ICE : 003401970000087 / INPE : 065064792

## FACTURE

N° FACTURE

DATE

0031/2024

13/02/2024

### FACTURER À

Mr EL HADDADI FAHD

| PRESCRIPTION                | QTÉ | MONTANT TTC |
|-----------------------------|-----|-------------|
| OD :+0.25(-0.50 170°)       | 1   | 650.00      |
| OG :+0.50(-0.50 170°)       | 1   | 650.00      |
| Organique Antireflets NIKON |     |             |

| MONTURE         | QTÉ | MONTANT TTC |
|-----------------|-----|-------------|
| Monture Optique | 1   | 800.00      |

*Nous vous remercions de votre confiance.*

TOTAL

**2100.00 MAD**

I LOOK EYEWEAR  
ICE : 003401970000087  
Tel : 05 20 63 66 76

**Dr. Nora SAIFAOUI**

Ophthalmologiste

Adultes & Enfants

Diplôme de formation médicale spécialisée de Paris - Diderot  
Diplôme de chirurgie réfractive de Brest - France  
Ancien Médecin de l'hôpital 20 Août de Casablanca

- Chirurgie de la cataracte par phacoémulsification
- Chirurgie réfractive
- Maladies et chirurgie des paupières
- Maladies de la cornée (kératocône)
- Maladies de la rétine
- Echographie, Angiographie, OCT et Lasers



**د. نورا الصيفاوي**

طب وجراحة العيون

كبار وصغار

دبلوم تدريب تخصصي في طب العيون بباريس  
دبلوم الجراحة الانكسارية تصحيح النظر ببرист  
طبيبة سابقة بمستشفى 20 غشت - الدار البيضاء

- جراحة الجلاة بالليزر
- تصحيح البصر
- أمراض الدموع وجراحة الجفن
- أمراض القرنية
- أمراض الشبكية
- الليزز

## ORDONNANCE

18 janvier 2024

Casablanca, le .....

**Mr EL HADDADI FAHD**

Monture + verres correcteurs Organiques Antireflets, Filtre anti-lumière bleue

Vision de loin :

OD = + 0.25 (- 0.50 à 170°)

OG = + 0.50 (- 0.50 à 170°)

*I LOOK EYEWEAR*  
 ICE : 00340197000087  
 Tel : 05 20 63 66 76

*DR. SAIFAOUI NORA*  
 Médecin agrée permis de concilier  
 193 Bd Oum Rabiaa 1er Etage N° 1 Oulfa  
 Casablanca / INP : 091242655  
 Tel: 05 22 93 03 80

193، شارع أم الرياح (قرب ليديك) الطابق الأول رقم 1 الألفة - الدار البيضاء

193, Bd Oum Rabiaa (à coté de Lydec) 1er Etage N° 1 Oulfa - Casablanca  
 Tél : 05 22 93 03 80 - GSM : 07 66 05 95 66 - E-mail : drnora.saifaoui@gmail.com