

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

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

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
RECEPTION 9

Déclaration de Maladie : N° P19- 0010104

Maladie Dentaire Optique **(23772)** Autres

Cadre réservé à l'adhérent (e)

Matricule : 1916 Société : RAM
 Actif Pensionné(e) Autre :
Nom & Prénom : ZINAOU Ahmed Date de naissance :
Adresse : Lot Wafa N°149 DEROUA
Tél. : 06.0036.39.93 Total des frais engagés : 1740 Dhs

Cadre réservé au Médecin

Cachet du médecin :



Date de consultation : 13/03/2020
Nom et prénom du malade : ZINAOU Ahmed Age : 45 ans
Lien de parenté : Lui-même Conjoint Enfant
Nature de la maladie : Diabète + protéinurie

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 : DEROUA Le : 02/03/2020
Signature de l'adhérent(e) :



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
13/2/2020		2		<i>Dr. Fatima FAHMI Néphrologue - Dialyse Pachafine 3 N 81 B1 Mohamed Bouziane Hay Salama - Casa Tel: 05 22 53 62 90 - 05 22 53 64 11</i>

EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
<i>Pharmacie Al Mansour TAJOUR Mohammed Tel: 05 22 37 34 98 CASABLANCA</i>	13/02/2020	1740,00

ANALYSES - RADIOGRAPHIES

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

AUXILIAIRES MEDICAUX

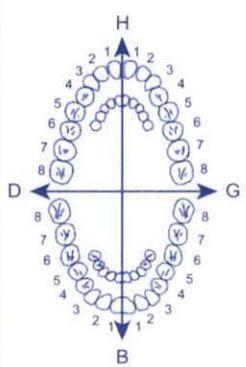
Cachet et signature du Praticien	Date des Soins	Nombre				Montant détaillé des Honoraires
		AM	PC	IM	IV	

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'OD

SOINS DENTAIRES	Dents Traitées	Nature des Soins	Coefficient	
				COEFFICIENT DES TRAVAUX <input type="text"/>
				MONTANTS DES SOINS <input type="text"/>
				DEBUT D'EXECUTION <input type="text"/>
				FIN D'EXECUTION <input type="text"/>

O.D.F PROTHESES DENTAIRES

DETERMINATION DU COEFFICIENT MASTICATOIRE

H		G		B

25533412	21433552
00000000	00000000
D	G
00000000	00000000
35533411	11433553
	B

(Création, remont, adjonction)
Fonctionnel, Thérapeutique, nécessaire à la profession

	DATE DU DEVIS <input type="text"/>
	DATE DE L'EXECUTION <input type="text"/>

VISA ET CACHET DU PRATICIEN ATTESTANT LE DEVIS

VISA ET CACHET DU PRATICIEN ATTESTANT L'EXECUTION

Dr. Fatima Fatnane

Spécialiste Néphrologie Maladies du Rein
Rein Artificiel

Ancienne Médecin du C.H.U Ibn Rochd
Ancienne Chef Service de Dialyse
Hôpital Ben Misk Sidi Othmane



الدكتورة فاطمة فتنان

اختصاصية أمراض الكلي
الكلية الإصطناعية

دكتورة سابقة بمستشفى ابن رشد
رئيسة مصلحة تصفية الدم سابقا
بمستشفى ابن امسيك سيدي عثمان

ORDONNANCE

Casablanca, le : 13/2/2020

Nom/Prénom :

ZINA en
107,50 x 12
Ahu en.
X6 heures
Bandelettes BIOMIME

3,00 x 160 2 fois / jour

Serum

1740,00

Pharmacie Al Mansour
TAIFOR Mohamed el
Tél : 05 22 57 34 93
CASABLANCA

Dr. Fatima FATNANE
Néphrologie Dialyse
Farhatine 3 N° 81 - Bd Mohamed Bouziane
Hay SALAMA - Casa
Tél. 05 22 55 62 98 - Fax: 05 22 56 94 77

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Bd. Mohamed Bouziane
Hay SALAMA - CASABLANCA
Tél.: 05 22 55 62 98
Fax : 05 22 56 94 77

فرحاتين 3 رقم 81
شارع محمد بوزيان
حي السلامة - البيضاء
05 22 55 62 98
الهاتف: 05 22 56 94 77
الفاكس

PHARMACIE EL MANSOUR

Mohammed TAIFOR

Pharmacien

Diplômé de la Faculté de Pharmacie
de Toulouse - France

FACTURE N° 004887

Casablanca, le

13/12/20

Client :

Zouaoui A Houd

QANTITE	DESIGNATION	P. U.	TOTAL
12	Rht test	107,00	
150	sucre 1cc	3,00	
			T. 1740,00
<p>Facture AL AL sucre de table syst cont 500g de sucre</p>			

ICE: 0005696090004

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Blood Glucose Test Strip

For *in vitro* diagnostic use
For self-testing and professional use

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Use with **Rightest™ GM300**

101-2GS300-1G2
EN

BIONIME

Blood Glucose Test Strip



Instruction of use GS300

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Rightest™ GS300



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Blood Glucose Test Strip

25 PCS (a vial of 25)



Noble Metal Electrode Strip
(Smart Code Key included)

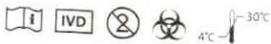
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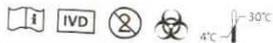
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Use with **Rightest™ GM300**101-2GS300-1G2
EN**BIONIME**

Blood Glucose Test Strip

**Instruction of use GS300**

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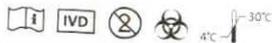
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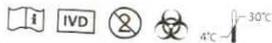
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0197

BIONIME

Blood Glucose Test Strip



2021-01-12

LOT

211921302



GS300

BIONIME

Blood Glucose Test Strip

25 PCS (a vial of 25)



Noble Metal Electrode Strip
(Smart Code Key included)

Rightest™ GS300

BIONIME

Blood Glucose Test Strip

For *in vitro* diagnostic use
For self-testing and professional use

- Store between temperature 4°C and 30°C (39°F and 86°F)
- Do not freeze
- Read package insert before using
- Use within 3 months of opening strip vial
- Do not use if expiration date has passed
- Do not use if seals are broken
- Discard test strip properly after single use



Use with **Rightest™ GM300**

101-2GS300-1G2
EN

BIONIME

Blood Glucose Test Strip



Instruction of use GS300

1. Insert the strip into the socket on the top of the meter and wait for the information on the blood glucose meter LCD to appear.



2. After obtaining a blood sample on your finger, gently touch the tip of the strip in order for the blood sample to be absorbed.

Rightest™ GS300



BIONIME

Blood Glucose Test Strip

Features:

- User friendly design
- Only 1.4µL blood sample required
- Less blood means less pain
- Noble metal Electrode Strip performs high Precision and Accuracy

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