

# 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](mailto:contact@mupras.com)
- Prise en charge : [pec@mupras.com](mailto:pec@mupras.com)
- Adhésion et changement de statut : [adhesion@mupras.com](mailto: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](http://www.mupras.com)



**MUPRAS**  
RECEPTION 9

**Déclaration de Maladie : N° P19- 0010104**

☒ **Maladie** ☐ **Dentaire** ☐ **Optique** ☐ **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  
 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		Dr. Fatima EARNANE Néphrologue Pachalini 3 N. 81 B. Mohamed Bouziane Hay Salama - Casa Tel: 05 22 55 62 90 - 05 22 55 64 11

## EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur Date Montant de la Facture

Pharmacie Al Mansour  
TADIR Mohammed  
Tel: 05 22 37 34 98  
CASABLANCA

13/12/2019

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

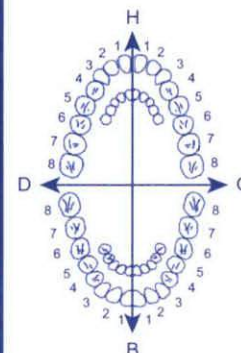
# RELEVÉ DES FRAIS ET HONORAIRES

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

Important :

Veillez joindre les radiographies en cas de prothèses ou de traitement canaux, ainsi que le bilan de l'OD

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  
35533411 11433553  
B

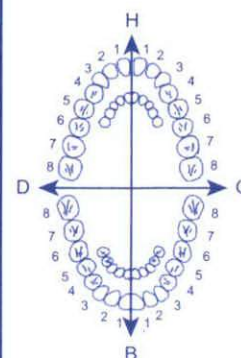
COEFFICIENT DES TRAVAUX

MONTANTS DES SOINS

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

DATE DU DEVIS

DATE DE L'EXECUTION



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 الكلى  
الكلية الإصطناعية

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

**ORDONNANCE**

Casablanca, le : 13/2/2020

Nom/Prénom :

ZINA en

107,50 x 12

Ahmed

en.

x 6 heures

Bandelettes Bionime

300 x 160 2 fois / jour

Serum guér

1740,00

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

**Dr. Fatima FATNANE**  
Néphrologie  
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 :

Zoua A Hmsl

QANTITE	DESIGNATION	P. U.	TOTAL
12	Rht test	107,00	
150	sf 1c	3,00	
T. 1740,00			
Fact A Hmsl S - de phls syst Cuts g mls de lrs			
ICE: 0005696000004			

Hay El Mansour, 106 Avenue Al Joulane Sidi Othmane - Casablanca - Tél. : 022 37 34 98

R. C. N° : 316 304 - Patente N° : 37332144 - C.N.S.S. N° : 1006718

**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)
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- Discard test strip properly after single use



Use with **Rightest™ GM300**

101-2GS300-1G2  
EN

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**Features:**

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2021-01-12

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**25 PCS (a vial of 25)**



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0197

**BIONIME**

Blood Glucose Test Strip



LOT

2021-01-12

2119213021



**BIONIME**

Blood Glucose Test Strip

**25 PCS (a vial of 25)**



**GS300**



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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