

RECOMMANDATIONS IMPORTANTES A LIRE POUR OBTENIR 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.

Pathologie 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.

Éducation :

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.

Prothésaire :

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

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.

N° P19-

060443

56481

Optique

Autres

Maladie

Dentaire

Cadre réservé à l'adhérent (e)

Matricule : 8246 Société : RAM

Actif

Pensionné(e)

Autre :

Nom & Prénom : EL SID GHIRI EL ABDI

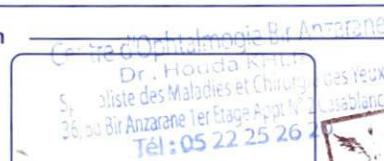
Date de naissance : 01/01/1957

Adresse :

Tél. : 0663 867779 Total des frais engagés :  Dhs

Cadre réservé au Médecin

Cachet du médecin :



Date de consultation : 13/01/2021

Nom et prénom du malade : EL SID GHIRI EL ABDI Age :

Lien de parenté : Lui-même Conjoint Enfant

Nature de la maladie : Béni Me'ni'suelle

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

Signature de l'adhérent(e) : 

Le : 13/01/2021

RELEVE DES FRAIS ET HONORAIRES

Dates des Actes	Natures des Actes	Nombre et Coefficient	Montant détaillé des Honoraires	Cache et signature du Médecin attestant le Paiement des Actes
13.07.2021	CS		200	Centre de Chirurgie des Yeux Dr. Houda Spécialiste des Maladies de l'œil et de la chirurgie des yeux 36, Bd Bir Anzarane 1er Etage Appartement 2 Casablanca Tél: 05 22 25 20 20

EXECUTION DES ORDONNANCES

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	
BACHA VISION 25, Rue Al Hassan Baladja Tel : 02 85.38.78	2010 2021			-		3400,00

RELEVE DES FRAIS ET HONORAIRES

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

Important :

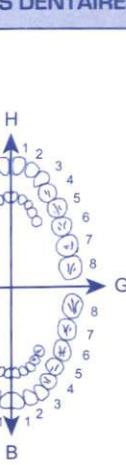
Veuillez joindre les radiographies en cas de prothèses ou de traitement canalaires, ainsi que le bilan de

O.D.F
PROTHESES DENTAIRES

DETERMINATION DU CŒFFICIENT MASTICATOIRE

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25533412	21433552
00000000	00000000
D	
00000000	00000000
35533411	11433553

[Création, remont, adjonction]

OD.F PROTHESES DENTAIRES	DETERMINATION DU COEFFICIENT MASTICATOIRE	COEFFICIENT DES TRAVAUX																
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مركز العيون ببر انزاران

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الدكتورة هدى خليفي

اختصاصية في أمراض و جراحة العيون

خر杰ة جامعة باريس VII

طبيبة داخلية سابقاً بمستشفيات باريس

Casablanca le :

13/01/2021

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