

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.

Biologie 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.

Educational :

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.

Prothèse :

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

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



Déclaration de Maladie

N° P19-0048483

ND 39 1300

☒ Maladie ☐ Dentaire ☐ Optique ☐ Autres

Cadre réservé à l'adhérent (e)

Matricule : 5070 Société :
☐ Actif ☒ Pensionné(e) ☐ Autre :
Nom & Prénom : ASSAB ABDALLAH
Date de naissance :
Adresse : 182 LOT 4AJ FATEH OULFA
CASA
Tél. : 2562107348 Total des frais engagés : 6339,10 Dhs

Cadre réservé au Médecin

Cachet du médecin :
Date de consultation : 09 OCT 2021
Nom et prénom du malade : ASSAB ABDALLAH Age :
Lien de parenté : ☒ Lui-même ☐ Conjoint ☐ Enfant
Nature de la maladie : Diabète endocrinien
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 : CASABLANCA

Le : 09 / 10 / 2021

Signature de l'adhérent(e) :

[Signature]

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
09 OCT 2021	4	1	20 AH	<i>[Signature]</i>
01-10-21	4	1	20 AH	<i>[Signature]</i>

EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur

Date

Montant de la Facture

09/10/2021

PHARMACIE LA RESISTANCE
149, Angle Haj Fatah Oulfa - Casablanca
Tel: 0522 44 57 50

ANALYSES - RADIOGRAPHIES

Cachet et signature du Laboratoire et du Radiologue

Date

Désignation des Coefficients

Montant des Honoraires

DQUALAB
Dr. DAOUANE Loubna
Laboratoire d'Analyses Médicales
Lot Haj Fatah Oulfa - Casablanca
Tel: (0522) 900 70 00

01/10/21

B 700

953,000

AUXILIAIRES MEDICAUX

Cachet et signature du Praticien

Date des Soins

Nombre

Montant détaillé des Honoraires

AM

PC

IM

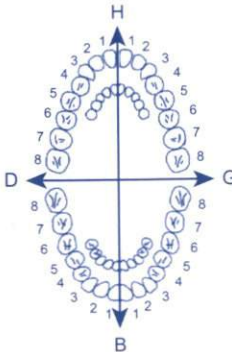
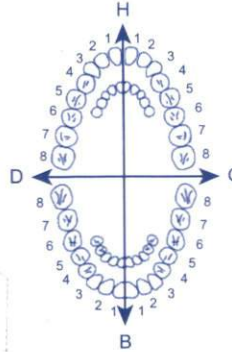
IV

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

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"> <thead> <tr> <th colspan="2">H</th> </tr> </thead> <tbody> <tr> <td>25533412</td> <td>21433552</td> </tr> <tr> <td>00000000</td> <td>00000000</td> </tr> <tr> <th colspan="2">B</th> </tr> <tr> <td>00000000</td> <td>00000000</td> </tr> <tr> <td>35533411</td> <td>11433553</td> </tr> </tbody> </table>		H		25533412	21433552	00000000	00000000	B		00000000	00000000	35533411	11433553		COEFFICIENT DES TRAVAUX
	H															
	25533412	21433552														
	00000000	00000000														
	B															
	00000000	00000000														
	35533411	11433553														
				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 ASMOUN Ahmed

SPECIALISTE DES MALADIES DE L'APPAREIL DIGESTIF

ESTOMAC, FOIE, INTESTIN

Chirurgie anale: Hémorroïdes, Fistules, Fissures

Endoscopie digestive

Ex ASSISTANT TITULAIRE D'ENDOCRINOLOGIE ET DIABETE

Ex. ENSEIGNANT A LA FACULTE DE MEDECINE DE

CASABLANCA

الدكتور أسمون أحمد

إختصاصي في أمراض الجهاز الهضمي

جراحة المخرج والبواسير

داخلي سابقا بقسم أمراض السكر والغدد

مدرس سابقا بكلية الطب

بالدار البيضاء

PHARMACIE LA RESIDENCE
Dr. Zouhair ASMOUN
149, Angle Bd de la Résidence
et Rue Lahcen Guidar - Casablanca
Tél: 05 22 31 58 44 57 50

Casablanca le : 09 OCT 2021 : الدار البيضاء في

A S S A B Ah S S A B

$$179,00 \times 3 = 1677,00$$

(S.V.)

Novo Rapi d 30 Flap

Novo Rapi d 30 Flap
Novo Rapi d 30 Flap

$$171,00 \times 2 = 1142,00$$

(S.V.)

Novo Rapi d 30 Flap
Novo Rapi d 30 Flap

$$97,00 \times 5 = 1487,50$$

(S.V.)

Ban de l'ile x 15

$$180,00 \times 9 = 1620,00$$

$$13,40 \times 3 = 40,20$$



6 vialy nor 50

3 mo

$$6,80 \times 3 = 20,40$$



6 vialy nor 20

3 mo

$$149,00$$



Micro pin 4 mm

PHARMACIE LA RÉSIDENCE

Dr. ZOUTINE Hassan
149, Angoulême, Casablanca
Tél: 522 44 57 50

5136110

Dr. ASMOUN Ahmed
Spécialiste de Maladies de l'Appareil
Digestif, Maladies du Tractus
d'Entérocolite et Diabète
Place de l'Indépendance - 20000
Khanouche Zine Elabidine
Casablanca Tél: 022.31.58.50/22

PHARMACIE LA RÉSIDENCE
Dr. ZOUTINE Hassan
149, Angoulême, Casablanca
Tél: 522 44 57 50



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

7862160335

NovoMix® 30 FlexPen®
 100U/ml
 Suspension injectable
 5 stylos pré-remplis de 3ml



-- LAPROPHAN --
 PPV : 559DH00

8-9674-73-270-1

NovoRapid® FlexPen®
 100 U/ml
 Solution injectable
 5 stylos pré-remplis de 3 ml
 PPV : 571,00 DHS



8-9670-73-270-2



6 118001 102013
Levothyrox® 50µg,
 Comprimés sécables B/30
 PPV: 13,40 DH

7862160336

NovoMix® 30 FlexPen®
 100U/ml
 Suspension injectable
 5 stylos pré-remplis de 3ml



-- LAPROPHAN --
 PPV : 559DH00

8-9674-73-270-1



6 118001 102013
Levothyrox® 50µg,
 Comprimés sécables B/30
 PPV: 13,40 DH

7862160336

NovoRapid® FlexPen®
 100 U/ml
 Solution injectable
 5 stylos pré-remplis de 3 ml
 PPV : 571,00 DHS



8-9670-73-270-2



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

7862160335

NovoMix® 30 FlexPen®
 100U/ml
 Suspension injectable
 5 stylos pré-remplis de 3ml



8-9674-73-270-1



6 118001 102013
Levothyrox® 50µg,
 Comprimés sécables B/30
 PPV: 13,40 DH

7862160336



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

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مدرس سابقا بكلية الطب

بالدار البيضاء

Casablanca le : 21-10-2012 : الدار البيضاء في

ASSAB Ahlul

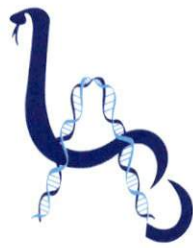
Mb A1c

PSA

V. V B12

DOUALAB
Dr. DADOUNE Loubna
Laboratoire d'Analyses Médicales
201 Lot Haj Fakh Oulfa - Casablanca
Tél: 0522 900 300 - Fax: 0522 900 774

Dr. ASMOUN Ahmed
Spécialiste des Maladies de l'Appareil
Digestif - Titulaire
d'Endocrinologie et Diabète
8, Bd. Khouribga N° 10 - 2ème Etage
Place de l'Indépendance - Derb Omar
Casablanca Tél: 022.31.58.50, 41



مختبر التحاليل الطبية دُعاء لاب

Laboratoire d'analyses médicales DOUALAB

Dr. DADOUNE Loubna
Médecin Biologiste

Biochimie - Hématologie - Bactériologie - Immunologie Parasitologie
Mycologie - Hormonologie - Virologie - Test Covid-19 autorisé

Mme ASSAB Abdellah

Date de naissance : 30/06/1951

Demandé par Dr: ASMOUN AHMED

Compte rendu d'analyses

Prélèvement du: 01/10/2021 8:40

Dossier N° : 011021014

Page : 1 / 1

BIOCHIMIE

HÉMOGLOBINE GLYCOSYLÉE	8,00	%	8,40 (26/08/21)
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HPLC BIO-RAD D 10

Interprétation :

Sujet Normal	: 3 - 6 %
Diabétique équilibré	: 6 - 7 %
Diabétique mal équilibré	: 7 - 8 %
Diabétique très mal équilibré	: > 8 %

MARQUEURS TUMORAUX

PSA totale	0,27	ng/ml
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Interprétation :

Age :

< 40	: 0.21 à 1.72
40 - 49	: 0.27 à 2.19
50 - 59	: 0.27 à 3.42
60 - 69	: 0.22 à 6.16
> 69	: 0.21 à 6.77

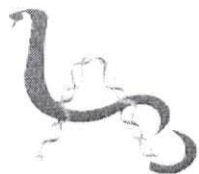
VITAMINES

Vitamine B12 (COBALAMINES)	356,30	pg/ml	(191 - 663)
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Laboratoire d'Analyses Médicales
301 Lot Haj Fatah Oulfa - Casablanca
Tél: (0522) 900 300 - Fax: (0522) 900 700

301, Lotissement Haj Fatah Oulfa (Prés Mosquée Haj Fatah) Casablanca - Tél.: (0522) 900 300 - Fax: (0522) 900 700

Patente : 36225779 - RC : 400950 - IF : 40481510 - CNSS : 9044752 - ICE : 000435300000002



مختبر التحاليل الطبية دواء لاب
Laboratoire d'analyses médicales DOUALAB

Dr. DADOUNE Loubna
Médecin biologiste

Ophtalmologie - Parasitologie - Bactériologie - Immunologie
Parasitologie - Mycologie - Hormonologie - Virologie

Facture

N° facture 21-4182

Casablanca, le 09/11/2021

Date de prélèvement 01/10/2021

Mme ASSAB Abdellah

Code Acte	Designation Acte	Cotation
HBA1C	Hémoglobine glyquée	100
PSA	PSA totale	300
VITB12	Vitamine B12 (COBALAMINES)	300

Total B	700
Total en dirhams	953,00

Arrêtée la présente facture à la somme de :

Neuf cent cinquante-trois dirhams***

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Dr. DADOUNE Loubna
Laboratoire d'Analyses Médicales
301 Lot Haj Fatah Oulfa - Casablanca
Tél : (0522) 900 300 - Fax : (0522) 900 700

301, تجزئة الحاج فاتح الالفة (قرب مسجد الحاج فاتح) - الدار البيضاء - الهاتف : (0522) 900 300 - الفاكس : (0522) 900 700

301, Lotissement Haj Fatah Oulfa (Près Mosquée Haj Fatah) Casablanca - Tél. : (0522) 900 300 - Fax : (0522) 900 700

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GM300 use with
GS300

GS300

BIONIME

Blood Glucose Test Strip



2022-01-14

LOT

212021407



BIONIME

Blood Glucose Test Strip

50 PCS (2 vials 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
- 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**

101-2GS300-0M5
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 1.4 µL blood sample required
- Less blood means less pain
- Noble Metal Electrode Strip performs high Precision and Accuracy

BIONIME CORPORATION
No. 100, Sec. 2, Daqing St., South Dist.,
Taichung City 40242, Taiwan
Tel: +886 4 23692388
Fax: +886 4 22617586
<http://www.bionime.com>
E-mail: info@bionime.com

EC REP

BIONIME GmbH
Tramstrasse 16, 9442 Berneck,
Switzerland
E-mail: info@bionime.ch

CE
0197





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CE
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GM300 use with
GS300

GS300

BIONIME

Blood Glucose Test Strip



2022-01-14

LOT

212021407



BIONIME

Blood Glucose Test Strip

50 PCS (2 vials 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
- 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**

101-2GS300-0M5
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 1.4 µL blood sample required
- Less blood means less pain
- Noble Metal Electrode Strip performs high Precision and Accuracy

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