

RECOMMANDATIONS IMPORTANTES A LIRE POUR OBTENIR LES REMBOURSEMENTS ET EVITER LES REJETS

Informations 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.

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.

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.



MUPRAS

Mutuelle de Prévoyance
& d'Actions Sociales
de Royal Air Maroc

106021

Déclaration de Maladie : N° P19-0004314

 Maladie Dentaire Optique Autres

Cadre réservé à l'adhérent (e)

Matricule : 5575 Société : R.A.M
 Actif Pensionné(e) Autre : _____
Nom & Prénom : ABDELLAHI AYACH Date de naissance : 11-09-69
Adresse : BD YAZID N° 1 RES. SARA Bloc B - APP 03 - TEUAN
Tél. : 06 20 134223 Total des frais engagés : 5225.70 Dhs

Cadre réservé au Médecin

Cachet du médecin :

Date de consultation :

Nom et prénom du malade : ABDELLAHI AYACH Age : 26 ans

Lien de parenté :

 Lui-même Conjoint Enfant

Nature de la maladie :

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 : TEUAN

Le : 28/02/2022

Signature de l'adhérent(e) :

RELEVE DES FRAIS ET HONORAIRES

EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
 Pharmacie 9 Avril AV. 9 Avril N° 70 Tétouan Tél: 05 39 99 34 16	11-2-22	12.75,00

ANALYSES - RADIOGRAPHIES

AUXILIAIRES MEDICAUX

Cachet et signature du Praticien	Date des Soins	Nombre				Montant détaillé des Honoraires
		A M	P C	I M	I V	

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 cariaïque, etc.

O.D.F
PROTHESES DENTAIRES

DETERMINATION DU CŒFFICIENT MASTICATOIRE

H	
25533412	21433552
00000000	00000000

(Création, remont, adjonction)

DATE DU
DEVIS

COEFFICIENT DES TRAVAUX

MONTANTS DES SOINS

DATE DU
DEVIS



FACTURE

Tétouan, le 18-2-2022

Mr: John O'Brien:

Quantité	Désignation	Prix Unitaire	Total Dh
20	Apidex gelée	98.00	1960.00
7	linter S Sache	112.00	784.00
20	Bisowine Bawdelta	102.00	2040.00

Total : 125.50

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Features:

- User friendly design
- Only 1.4μl blood sample required
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For *in vitro* diagnostic use

For self-testing and professional use

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30°C

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101-2GS300-1G2
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- 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



IVD



30°C

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



LOT

21201517



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

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



0197



BIONIME

Blood Glucose Test Strip

25 PCS (a vial of 25)



Noble Metal Electrode Strip
(Smart Code Key included)

Rightest™ GS300

BIONIME MR™

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
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IVD



bio



4°C

30°C

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