

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

litions 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.

rmacie :

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 canalaire, 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 canalaire.

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.

EXCELENT
1 MARS 2022
MCCUEIL

Autorisation CNPD N° : A-A-215 / 2019



Déclaration de Maladie

N° M21- 0060274

Maladie

Dentaire

Optique

Autres

Cadre réservé à l'adhérent (e)

7571

Société :

107515

Actif

Pensionné(e)

Autre :

Nom & Prénom :

Bakasse

EL HASSAN

Date de naissance :

13/07/1956

Adresse :

Cité de police ville n° 4 polo case

Tél. : 0659.158.771

Total des frais engagés :

Dhs

Cadre réservé au Médecin **Docteur Abdellkader ELMADI**

MEDECINE GÉNÉRALE
Echographie Générale
153 Rue 25, Bd. Panoramique
Béni Lamdoune Casablanca
Tél: 05 22 21 11 12 - INPE : 091057711

INPE : 091057711

Date de consultation : 09/03/2022

Nom et prénom du malade : AGNOUYAH IHESSI

Age:

Lien de parenté : Lui-même

Conjoint

Enfant

Nature de la maladie : Afmousse et digeste

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.

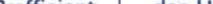
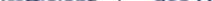
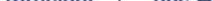
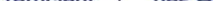
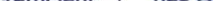
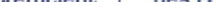
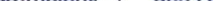
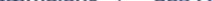
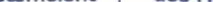
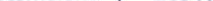
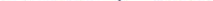
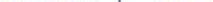
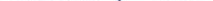
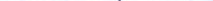
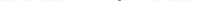
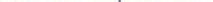
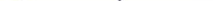
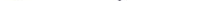
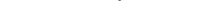
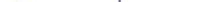
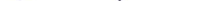
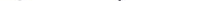
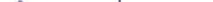
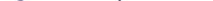
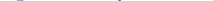
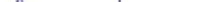
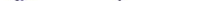
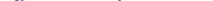
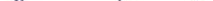
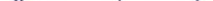
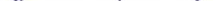
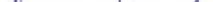
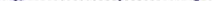
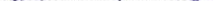
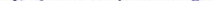
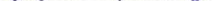
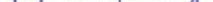
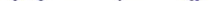
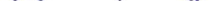
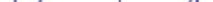
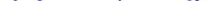
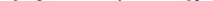
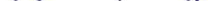
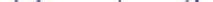
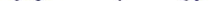
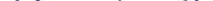
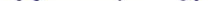
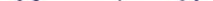
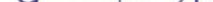
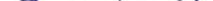
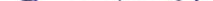
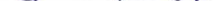
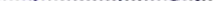
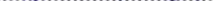
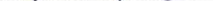
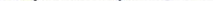
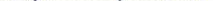
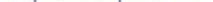
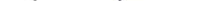
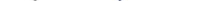
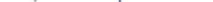
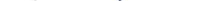
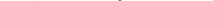
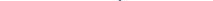
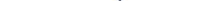
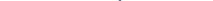
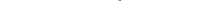
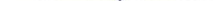
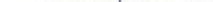
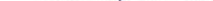
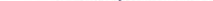
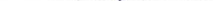
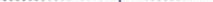
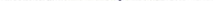
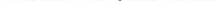
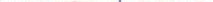
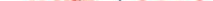
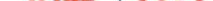
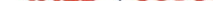
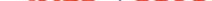
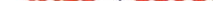
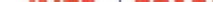
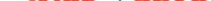
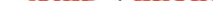
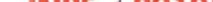
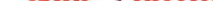
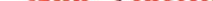
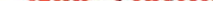
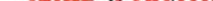
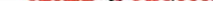
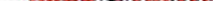
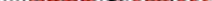
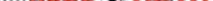
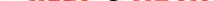
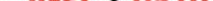
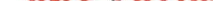
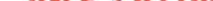
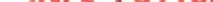
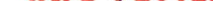
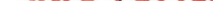
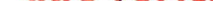
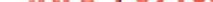
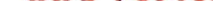
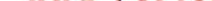
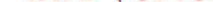
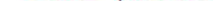
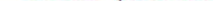
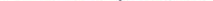
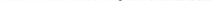
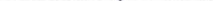
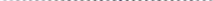
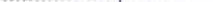
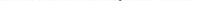
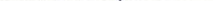
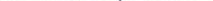
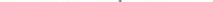
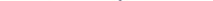
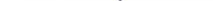
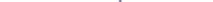
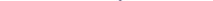
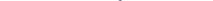
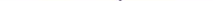
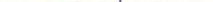
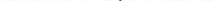
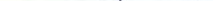
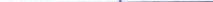
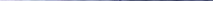
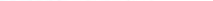
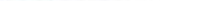
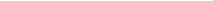
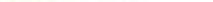
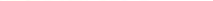
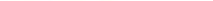
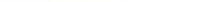
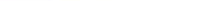
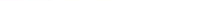
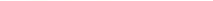
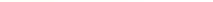
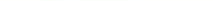
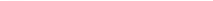
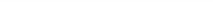
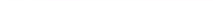
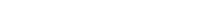
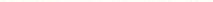
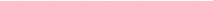
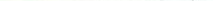
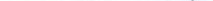
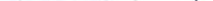
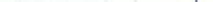
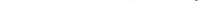
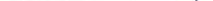
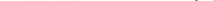
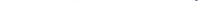
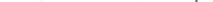
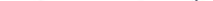
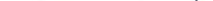
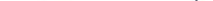
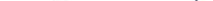
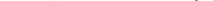
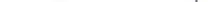
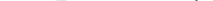
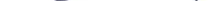
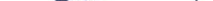
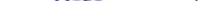
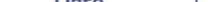
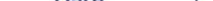
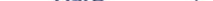
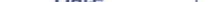
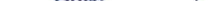
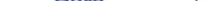
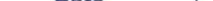
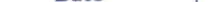
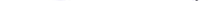
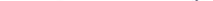
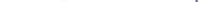
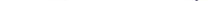
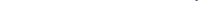
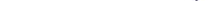
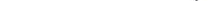
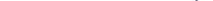
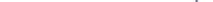
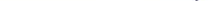
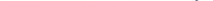
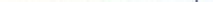
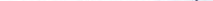
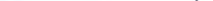
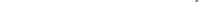
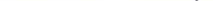
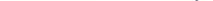
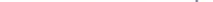
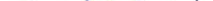
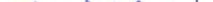
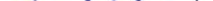
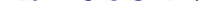
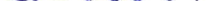
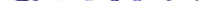
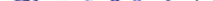
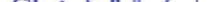
J'atteste sur l'honneur l'exactitude des renseignements portés sur la présente déclaration. Je déclare avoir pris connaissance de la clause relative à la protection des données personnelles.

Fait à : casablanca

Signature de l'adhérent(e) :

Le : 09/03/2022

RELEVE DES FRAIS ET HONORAIRES

Dates des Actes	Nature des Actes	Nombre et Coefficient	Montant détaillé des Honoraires	Cachet et signature du Médecin attestant le Paiement des Actes
9/11/2011	C	4	150,-	                                                                                                                                                                                                                                                                                <img alt="Red stamp of INPE with number 09105771" data-b

EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
PHARMACIE DE DALIAS Dr. S. BOUHOUA BOUHOUA 492, Bis Bd. Panoramique (Montpellier) - Tél. 07 22 77 10	91 3 / 26	307,15

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	

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 d

O.D.F
PROTHESES DENTAIRES

DETERMINATION DU CŒFFICIENT MASTICATOIRE

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[Création, remont, adjonction]

Fonctionnel Thérapeutique nécessaire à la profession

COEFFICIENT DES TRAVAUX

MONTANTS DES SOINS

DEBUT D'EXECUTION

FIN
D'EXECUTION

Coefficient des travaux

MONTANTS DES COINCS

DATE DU
DEVIS

Docteur Abdelkader EL MADI

MEDECINE GENERALE

Diplômé en Echographie Générale

de la Faculté de Médecine de Montpellier

PHARMACIE DES DOCTEURS

BOUSSIFAH BOUHLAL

492, Bis Bd. Panoramique

(Montpellier) - TAI - 34225

دبلوم الكشف بالصدى

خريج كلية الطب بمونبليي - فرنسا

Casablanca le : 9 MARS 2022 الدار البيضاء في

3h 60

1. Bnoxy () 60 1

1/ cis monomer
2/ trans monomer

115DH00

1. Aclor 1g 400

2. Irox 1000 mg 2.00

3. Crys 100 mg 10

4. Ics 100 mg 10

5. Mel 100 mg 10

6. Irox 1000 mg 2.00

7. Ultim 100 mg 10

Docteur Abdelkader ELMADI
MEDECINE GENERALE
Echographie Générale
153 Rue 25, Bd. Panoramique
Bine Lamdoune Casablanca
Tél: 05 22 21 11 12 - INPE: 091057711

153, Rue 25 Bd. Panoramique Bine Lamdoune - Casablanca

الرقم 153 بين المدن 05 22 21 11 12 - رقم المركبة 4994 - رقم التعريف الموحد 001778217000037

Tél : 05 22 21 11 12 - Autorisation N° 4994 - ICE : 001778217000037 - INPE : 091057711

PPV (DH) :

PPV 32,60

LOT N° :

UT. AV. :

LOT : 3912
PER : 10-25
P.P.V : 115DH00

LOT 201582
EXP 05/2023
PPV 42.00DH

07/21 07/24
X MAROC PPV 38.10 DH

TSV

س

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8000
10000

SV

30+75

Docteur ~~Abdelkader~~

MEDECINE GÉNÉRALE

Echographie Générale

153 Rue 25, Bd. Panoramique

Bine Lamdoune Casablanca

Tél: 05 22 21 11 12 - INPE: 091057711

lot
mer en
avant 0020
07-12-24
PPC: 80.000DH

~~PHARMACIE DES DAULAS~~
Dr. S. BOUAFIA BOUHLAI
492, Bd. Panoramique
(Montpellier) - Tél: 0522 527 560