

# 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 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.

## Adresses Mails utiles

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Réclamation                      | : contact@mupras.com  |
| <input type="checkbox"/> Prise en charge                  | : pec@mupras.com      |
| <input type="checkbox"/> 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.

138879

Maladie

Dentaire

Optique

Autres

## Cadre réservé à l'adhérent (e)

Matricule : 7534 Société :

Actif  Pensionné(e)  Autre :

Nom & Prénom : LACIT. GAR FATIMA

Date de naissance : 20/12/1950

Adresse : AVENUE DES FAR. IHS. CABH GAR ET N. H.

14 E. 5. ABE NOUHANIAIA MAROC

Tél. : 05 66 82 05 66 Total des frais engagés : 841,50 Dhs

## Cadre réservé au Médecin

Cachet du médecin :



Date de consultation : 20/09/2022

Nom et prénom du malade : M. LACIT GAR Fatiha, Age :

Lien de parenté :  Lui-même  Conjoint  Enfant

Nature de la maladie : Céphal. olt + Zer + etalop

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 : Royal Air Maroc

Le : 22/11/2022

Signature de l'adhérent(e) :



## RELEVE 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
2019/2020		1	6	

## EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
PHARMACIE CLAUDE JONES 73 Monnaie media 01.05.23 32 55 20	20/9/22	841,50

## ANALYSES - RADIOGRAPHIES

Cachet et signature du Laboratoire et du Radiologue	Date	Désignation des Cœfficients	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	
	.....					.....
	.....					.....
	.....					.....
	.....					.....
	.....					.....

## 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 l'ODF.

**VISA ET CACHET DU PRATICIEN ATTESTANT LE DEVIS**

VISA ET CACHET DU PRATICIEN ATTESTANT L'EXECUTION

Docteur Najat JEDDI

Diplômé d'Etat de la Faculté de  
Médecine de Paris  
Ancienne attachée des Hôpitaux de France

## Oto - Rhino - Laryngologue (ORL)

Spécialiste Nez - Gorge - Oreille  
Chirurgie de la face et du cou  
surdité et vertige



الدكتورة نجاة جدي

خريجة كلية الطب بباريس  
طبيبة سابقة بالمستشفيات  
المختصة بفرنسا

## الخصائص في أمراض الرأس الأنف - الأذن والحنجرة جراحة الوجه والعنق

Mohammedia, le 20/9/2022

T=841.50/- = LACUGAN Falling

$$28,80 \times 6 = 172,80$$

vitaneyl fork

A small, dark, irregularly shaped object, possibly a piece of debris or a small rock, shown in two views. The object has a rough, textured surface and a dark, possibly metallic or charred, interior.

$$17.45 \times 2 = 34.90$$

17,153 x 9 = 154,182  
January ave

2 m/s

Applied

38180  
- Alsi Seite

not applied.

541 <sup>10</sup> ~~11~~ ~~12~~ ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~ ~~101~~ ~~102~~ ~~103~~ ~~104~~ ~~105~~ ~~106~~ ~~107~~ ~~108~~ ~~109~~ ~~110~~ ~~111~~ ~~112~~ ~~113~~ ~~114~~ ~~115~~ ~~116~~ ~~117~~ ~~118~~ ~~119~~ ~~120~~ ~~121~~ ~~122~~ ~~123~~ ~~124~~ ~~125~~ ~~126~~ ~~127~~ ~~128~~ ~~129~~ ~~130~~ ~~131~~ ~~132~~ ~~133~~ ~~134~~ ~~135~~ ~~136~~ ~~137~~ ~~138~~ ~~139~~ ~~140~~ ~~141~~ ~~142~~ ~~143~~ ~~144~~ 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PHARMACIE CLAUDE MONET  
BERKASIA Melody  
Iot Wallin 73  
Tel: 05 23 32 55 20

N. JEDDI  
LARYNGOLOGIST  
Ibrahim Serkan - M.

LARMABAK 0.9%  
Collyre 10 ml - PPV : 54,10 DH



Distribué par COOPER PHARMA

LARMABAK 0.9%  
Collyre 10 ml - PPV : 54,10 DH



Distribué par COOPER PHARMA  
Casablanca - Phm

LARMABAK 0.9%  
Collyre 10 ml - PPV : 54,10 DH



LARMABAK 0.9%  
Collyre 10 ml - PPV : 54,10 DH



Distribué par COOPER PHARMA  
Casablanca

LARMABAK 0.9%  
Collyre 10 ml - PPV : 54,10 DH



LARMABAK 0.9%  
Collyre 10 ml - PPV : 54,10 DH



LARMABAK 0.9%  
Collyre 10 ml - PPV : 54,10 DH



LARMABAK 0.9%  
Collyre 10 ml - PPV : 54,10 DH



LARMABAK 0.9%  
Collyre 10 ml - PPV : 54,10 DH



Distribué par COOPER PHARMA - 41, rue Mohamed  
Casablanca - Pharmacien Responsable : Mme Amin

GlaxoSmithKline Maroc  
Aïn El Aouda  
Région de Rabat  
PPV: 17,40 DH  
ID: 649974  
6 118000 181295

Dermoval 0,05 % CREME  
Voie cutanée

GlaxoSmithKline Maroc  
Aïn El Aouda  
Région de Rabat  
PPV: 17,40 DH  
ID: 646325  
6 118000 181295

Dermoval 0,05 % CREME  
Voie cutanée

NE PAS AVALER - RESPECTER LES DOSES PRESCRITES  
ISTE I - Uniquement sur ordonnance

LOT : 531  
PER : SEP 2024  
PPV : 38 DH 80



فِي  
كُوُنْجِي  
بِلْ  
فِي  
وِي



كُوُنْجِي



بنفو تيامين 100 مل

30 حبة ملمسة

عن طريق الفم

كُوُنْجِي

بنفو تيامين 100 مل

30 حبة ملمسة

عن طريق الفم

28  
LOT  
PPV

28,80

LOT  
PPV

PER

فِي سَانْدِر بَلْ  
فِي

فِي



فِي



بنفو تيامين 100 مل

30 حبة ملمسة

عن طريق الفم

فِي سَانْدِر بَلْ

بنفو تيامين 100 مل

30 حبة ملمسة

عن طريق الفم

28, 80  
LOT - PpV

28, 80

LOT - PpV

PER

فِي سَانْدِر بَلْ  
فِي

فِي



فِي



بنفو تيامين 100 مل

30 حبة ملمسة

عن طريق الفم

فِي سَانْدِر بَلْ

بنفو تيامين 100 مل

30 حبة ملمسة

عن طريق الفم

28,80  
PpV  
LOT  
PpR

28,80  
PpV  
LOT  
PpR