

# 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 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.

M22- 0017093

Optique *157909*  Autres

Maladie

Dentaire

### Cadre réservé à l'adhérent (e)

Matricule : *2264* Société : *R.A.M.*

Actif

Pensionné(e)

Autre :

Nom & Prénom : *Mouhib et Nourissi*

Date de naissance : *04/02/1951*

Adresse : *Hay Tarbantina Rue 26 N° 22*

*As. n° 0104 04388404*

Tél. *06* Total des frais engagés : *113 F. 300* Dhs

### Cadre réservé au Médecin

Cachet du médecin :

*Dr. BENBRAHIM Brahim  
NEURO-Psychiatre  
11, Bd. Zerkouni - Rési.Tarfaya  
Casablanca - Tél.: 0522 22 16 81*

Date de consultation : */ /*

Nom et prénom du malade : *MRAIHA FOURKIA* Age :

Lui-même

Conjoint

Enfant

Lien de parenté :

Nature de la maladie : *aff. Neuro-psychiatre*

Affection longue durée ou chronique :  ALD  ALC Pathologie :

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 : *05/04/2023* Le : *10 AVR. 2023*

Signature de l'adhérent(e) :

### RELEVE DES FRAIS ET HONORAIRES

Nature des Actes	Nombre et Coefficient	Montant détaillé des Honoraires	Cachet et signature du Médecin attestant le Pajement des Actes
01.23 C3		400,00	DR. BENJAMIN NEUROPSYCHIATRE 11, Bd. Zekraoui - Rés.Tarfaya Casablanca- Tél : 0522 22 16 81
V3.0 EEC		600,00	

### EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
PHARMACIE AL KHALIL	29/11/23	137,30
	23	

### 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
		AM	PC	IM	IV	

### RELEVE DES FRAIS ET HONORAIRES

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

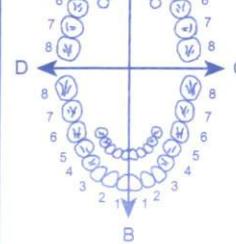
#### Important :

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

SOINS DENTAIRES	Dents Traitées	Nature des Soins	Coefficient	COEFFICIENT DES TRAVAUX

### ODF PROTHESSES DENTAIRES

DETERMINATION DU COEFFICIENT MASTICATOIRE		MONTANTS DES SOINS	COEFFICIENT DES TRAVAUX
H	25533412 21433552		
	00000000 00000000		
D	00000000 00000000		
	35533411 11433553		
	B		
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#### [Création, remont, adjonction]

Fonctionnel, Thérapeutique, nécessaire à la profession

VISA ET CACHET DU PRATICIEN ATTESTANT LE DEVIS

VISA ET CACHET DU PRATICIEN ATTESTANT L'EXECUTION

**NEURO - PSYCHIATRE**

اختصاصي في الأمراض العصبية والعقلية والنفسية

11, Bd.Zerkouni "Résidence Tarfaya"  
4ème Etage , App 12 - Casablanca  
Tél : 05 22 22 16 81  
Fax : 05 22 26 53 47

11، شارع الزرقطوني "إقامة طرقية"  
الطابق الرابع الشقة رقم 12 - الدار البيضاء  
الهاتف : 05 22 22 16 81  
الفاكس : 05 22 26 53 47

4/1/18

Casablanca, le ..... 20 ..... 2023

PPV:39DH80  
PER: 10/25  
LOT: L3590

PPV:39DH80  
PER: 10/25  
LOT: L3590

- 9/24 HRAIT Fouzia -

39,80 x 2

- Laroxyl gtt



28,20

- Sulpidal 50

1 gel stat, 1/2



29,10

- Testa 2,5

1/2 23



1/2 23

PPV  
LOT  
PER

28,20

TEMESTA 2,5MG

CP SEC B30

P.P.V: 29DH50

6 118000 011576

Dr. BENBRAHIM Brahim  
NEURO-PSYCHIATRE  
11, Bd. Zerkouni - Réal.Tarfaya  
Casablanca - Tél: 0522 22 16 81

137,80

Traitemet continu jusqu'au prochain Rendez-vous le 20.10.2023

Docteur Brahim BENBRAHIM  
neuro - psychiatre

11, Bd.Zerkouni Rés. Tarfaya  
Tél.: 05 22 22 16 81 / 05 22 26 53 47  
CASABLANCA

Le 20.01.2023

Le Docteur .....

Prie M ..... MRAIIT FOUIA .....

d'accepter l'expression de ses sentiments distingués

et lui présente suivant l'usage, sa note d'honoraires

pour Electroencéphalogramme

K30 EEG

S'élevant à la somme de # 600 # Dhs,

Six cent DHS

Dr. BENBRAHIM Brahim  
NEURO-PSYCHIATRE  
11, Bd. Zerkouni - Rési. Tarfaya  
Casablanca. Tel.: 0522 22 16 81  
*[Signature]*

Dr BENBRAHIM Brahim  
NEURO-PSYCHIATRE  
11,Bd Zerkouni Residence Tarfaya  
Casablanca

## RAPPORT EEG

NOM/  
EEG/  
20/12/2022

### Test de fond

Fréquence rythme alpha est de 8-14 Hz. Amplitude maximum rythme alpha hémisphère gauche est de 1280  $\mu$ V. Amplitude maximum rythme alpha sur l'hémisphère droit est 55  $\mu$ V. Asymétrie rythme alpha inter hémisphérique est de 13%. Fréquence dominante rythme alpha est de 9,3 Hz. Index de rythme alpha est de 13%. Rythme alpha dominant en C3-O1. Rythme alpha modulé. Fréquence rythme beta BF est de 14-20 Hz. Amplitude maximum rythme beta BF est de 994  $\mu$ V. Index rythme beta BF sur l'hémisphère droit est de 6%. Index rythmes beta BF sur l'hémisphère droit est 2%. Rythme beta BF dominant en C3-O1. Fréquence rythme beta HF est de 20-35 Hz. Amplitude maximum rythme beta HF est de 1721  $\mu$ V. Index rythme beta HF sur l'hémisphère gauche est de 21%. Index de rythme beta HF sur l'hémisphère droit est 3%. Rythme beta HF dominant dans C3-O1. Fréquence rythme delta est de 1-4 Hz. Amplitude maximum rythmes delta est de 646  $\mu$ V. Fréquence dominante rythme delta est de 1,1 Hz. Rythme delta dominant en C3-O1, FP2-T4, C4-O2. Fréquence rythme theta est de 4-8 Hz. Amplitude maximum rythme theta est 485  $\mu$ V. Fréquence dominante rythme theta est de 4,0 Hz. Index de rythme theta est 8%. Rythme theta dominant en C3-O1.

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## Test de fond

2-C4

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## Test de fond

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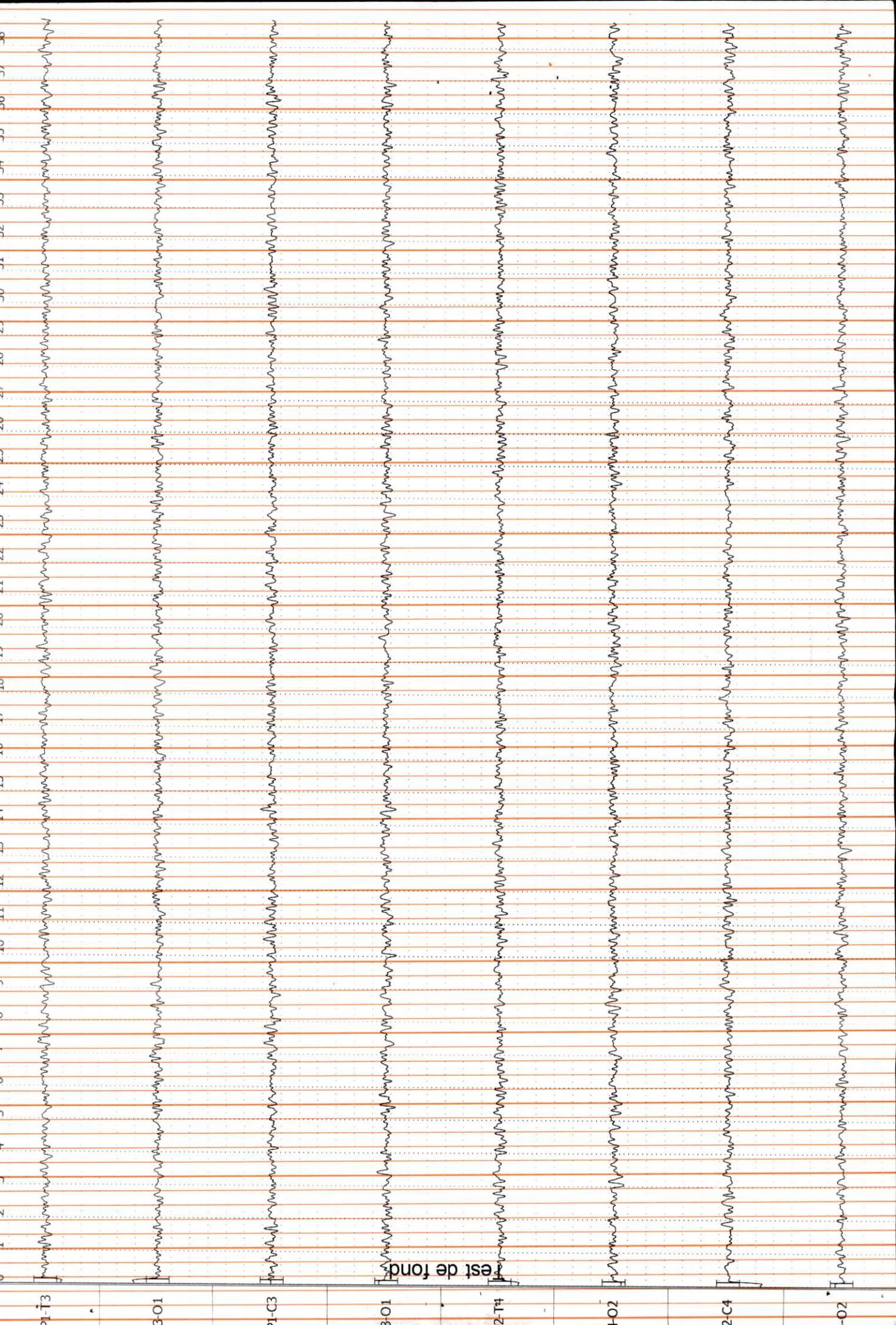
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1-C3

HISTORICAL PERSPECTIVE

4





Stimulateur flash intégré G+D, 50 ms, 3Hz

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