

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

- 0 Réclamation : contact@mupras.com
 0 Prise en charge : pec@mupras.com
 0 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.

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° W21-799019

Maladie

Dentaire

Optique

Autres

Matricule : 7368

Société : Royal AIR MAROC

Actif

Pensionné(e)

Autre :

Nom & Prénom : OUAICILATI HOUSSNI

Date de naissance : 04-10-67

Adresse : 23 LTS HAS FATEH QULFA CASA

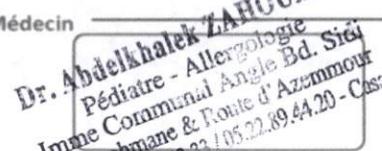
Tél. 0668888944

Total des frais engagés :

486,00

Dhs

Cadre réservé au Médecin



Cachet du médecin :

Date de consultation :

Nom et prénom du malade :

Lien de parenté :

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 : CASABLANCA

Signature de l'adhérent(e) :

Le : / /

Autorisation CNDP N° : AA-215/2019

VOLET ADHÉRENT

Déclaration de maladie

N° W21-799019

Remplissez ce volet, découpez le et conservez le.
Il sera nécessaire de le présenter pour toute réclamation ultérieure.

Coupon à conserver par l'adhérent(e).

HAMZA

7368

Matricule :

Nom de l'adhérent(e) :

486,00

Total des frais engagés :

Date de dépôt :

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
<u>13/05</u> <u>2023</u>	<u>A</u>		<u>250.-</u>	INP : INP : 691140004 Abdelkhalak Djaitate - Alerte mondiale - Association d'Assistance à l'Asile - 894420-L

EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
ST PHARMACEUTICALS CASA LANCA www.stpharmaceuticals.com	13/05/2013	236,00

ANALYSES - RADIOGRAPHIES

AUXILIAIRES MEDICAUX

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

VOLET ADHERENT

* Il est entendu que le règlement est conditionné par la fourniture de tous les justificatifs exigés par la Mutuelle.

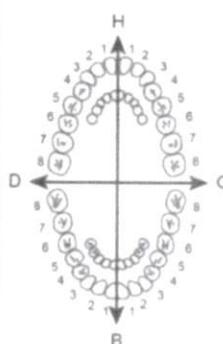
RELEVE DES FRAIS ET HONORAIRES

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 canalaire, ainsi que le bilan de l'ODP.

O.D.F
PROTHESES DENTAIRES



DETERMINATION DU COEFFICIENT MASTICATOIRE

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25533412	21433552
00000000	00000000
D	
00000000	00000000
35533411	11433553

(Création, remont, adjonction)

O.D.F PROTHESES DENTAIRES	DETERMINATION DU COEFFICIENT MASTICATOIRE	COEFFICIENT DES TRAVAUX																
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VISA ET CACHET DU PRATICIEN ATTESTANT LE DEVIS

VISA ET CACHET DU PRATICIEN ATTESTANT L'EXECUTION

CABINET DE PEDIATRIE-ALLERGOLOGIE

عيادة طب الاطفال و الحساسية

Dr . Abdelkhalek ZAHOUANI

Pédiatrie et Allergologie

casablanca le: ...13.MAI 2023

PPU: 79,90 DH
LOT: 651418
PER: 11/24

PPU: 79,90 DH
LOT: 650906
PER: 11/24

ASPEGIC 500MG
SACHETS B20

P.P.V : 27DH20

Barcode
6 118000 061090

LOT: 230002
BLUD: 01/2026
49.000H

Dr. Abdelkhalek ZAHOUANI
Pédiatre - Allergologie
Imme Communal Angle Bd. Sidi
Abderrahmane & Route d'Azemmour
Tel: 05 22 91 43 33 / 05 22 92 44 20 - Casa

- August des Sech E
29,90 x 2 18 x 31 J

27/20 Aspegic 500mg

49,00 J 18h x 31 J
Docibac mg

236 100
STEPHARMACIE HANZA
CPT PHARMACIE
Hajj El Moutassim 3 Lot 6
Route d'Azemmour
Tél: 0522 92 44 28

عمراء الجماعة - زاوية شارع سيدى عبد الرحمن و طريق أزمور

الطابق الأول رقم 6 - الدار البيضاء - الهاتف: 05 22 91 43 33 / 06 63 48 11 21

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