

# 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.

Maladie

Dentaire

Optique

Autres

## Cadre réservé à l'adhérent (e)

Matricule : 27.30

Société :

Actif

Pensionné(e)

Autre :

Nom & Prénom :

Khalid CHFIRI - Mohamed

Date de naissance :

Adresse : 14 Rue DANFA - casa

Tél. 06 77 69 31 20

Total des frais engagés :

Dhs

## Cadre réservé au Médecin

Cachet du médecin :



Date de consultation 01/08/2023

Nom et prénom du malade : BICHLI TOURI A Age:

Lien de parenté :

Lui-même

Conjoint

Enfant

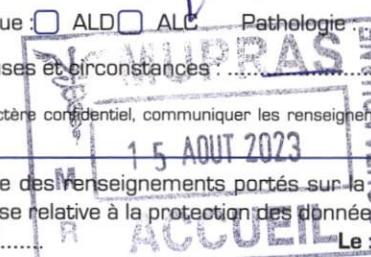
Nature de la maladie :

*Handicap sur l'oeil gauche*

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 : CASA

15 AOUT 2023

Signature de l'adhérent(e) :

ACCUEIL Le : 01/08/2023

## 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
01/08/23	Ca	1	250	Docteur Hafid MACHAKI Chirurgien orthopédique et Traumatologue Spécialiste en chirurgie orthopédique et de la main Dr Hafid MACHAKI دكتور هفيظ م JACKI دكتور هفيظ م JACKI
08/08/23	Ca	—	Caution	

## **EXECUTION DES ORDONNANCES**

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
PHARMACIE AL MADINA MONAOIRA Dr. Abdellatif HAMDOUN Lot. EA 257, immeuble N° 1 Pôle Urbain de Nouaceur Casablanca - 05 22 53 94 01	07 AOUT 2023	629,50

## ANALYSES - RADIOGRAPHIES

## AUXILIAIRES MEDICAUX

## RELEVE DES FRAIS ET HONORAIRES

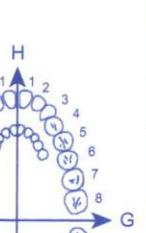
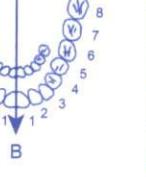
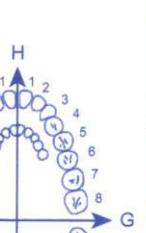
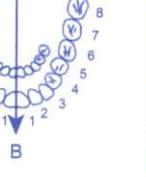
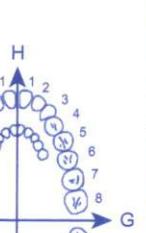
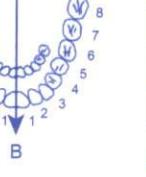
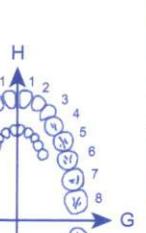
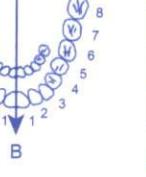
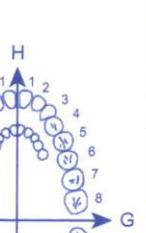
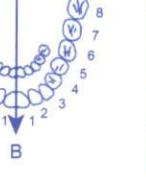
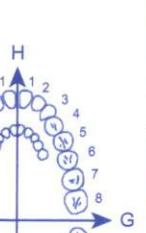
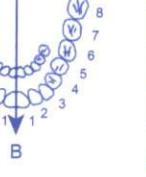
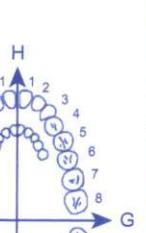
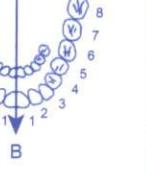
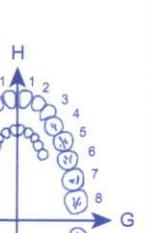
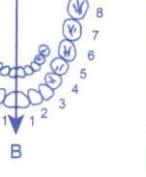
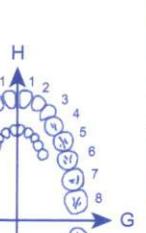
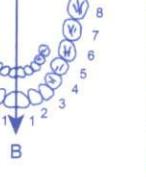
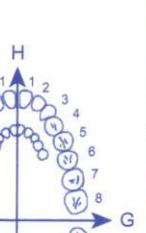
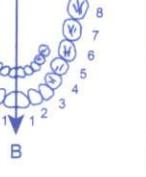
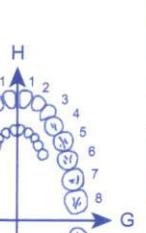
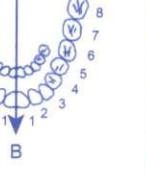
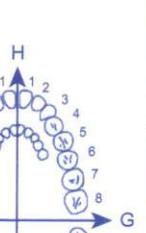
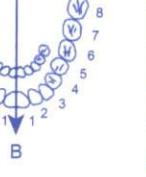
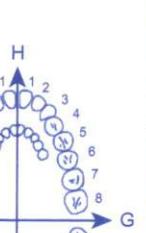
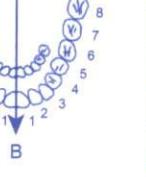
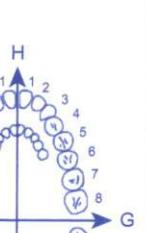
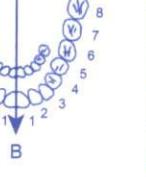
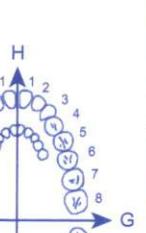
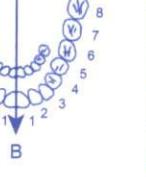
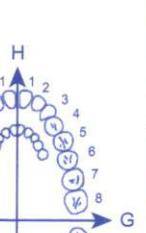
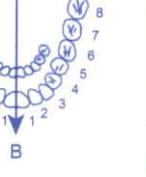
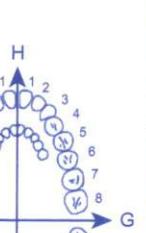
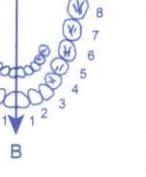
Le praticien est prié de préciser la dent traitée, l'acte pratiqué en indiquant la nature des soins.

### Important :

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

O.D.F  
PROTHESES DENTAIRES

## DETERMINATION DU CŒFFICIENT MASTICATOIRE

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VISA ET CACHET DU PRATICIEN ATTESTANT LE DEVIS

VISA ET CACHET DU PRATICIEN ATTESTANT L'EXECUTION



Casablanca, le :

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Bichri Tannu

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104, Boulevard EL FIDA Appt.1 - Casablanca Tél. : 05 22 803 803 / 06 25.51.70.71

Email : docteurhafid@hotmail.com . TP : 34501640 - IF : 40435620 - I.C.E : 001936655000008

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EXP 08/25  
PPC 144 DH 30

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Complément alimentaire  
Poids net 29.19 g  
LOT: U035  
PER: 01/2025  
PPC: 95.00 DH

45,70

LOT: H1031  
PER: 04/2025  
PPC: 75,00 DH

LOT

LOT: C128  
EXP: 04/2026  
PPC: 180,00 DH

REV: 2023/01/B - ADGLETHI01

PHARMACIE AL MADINA MONAOIRÀ  
Dr. Aquatif HAMDOUN  
Lot. EA 257, 1<sup>er</sup> étage  
Pôle Urbain de Nouaceur  
Casablanca - 05 22 53 94 01

# Docteur Hafid Abdelhakim

Chirurgie Orthopédique et Traumatologique  
Chirurgie Rhumatismale  
Chirurgie Arthroscopique (DIU Toulouse)  
Chirurgie de la Main  
Maladies et Chirurgies du Genou  
Maladies de la Colonne Vertébrale  
Traumatologie du Sport

الدكتور حافظ عبد الحكيم

جراحة العظام والمقابل  
جراحة الروماتيزم  
الجراحة المجهرية  
جراحة اليد  
أمراض وجراحة الركبة  
أمراض العمود الفقري  
الطب الرياضي



Casablanca le : 01-08-2023

Facture : N° 1 482123

*Touria BICHLI*

Signature 250,00  
215

الدكتور حافظ عبد الحكيم  
جراحة العظام والمقابل - جراحة الروماتيزم  
أمراض العمود الفقري - الطب الرياضي  
104 شارع الصناعة شقق رقم 1 - الدار البيضاء  
هاتف/fax: 05 22 83 803

# Docteur Hafid Abdelhakim

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الجراحة المجهريّة

جراحة اليد

أمراض و جراحة الركبة

أمراض العمود الفقري

الطب الرياضي

حروف مختصرة

Casablanca le : 01-08-2023

## Compte rendu Radiographique

Nom :

BICHRI

Prénom :

TOURIA

Incidence :

Fracture de la main  
Fracture de la main complete

Interpretation :

الدكتور حافظ عبد الحكيم  
جراحة العظام و المفاصل - جراحة الروماتيزم  
أمراض العمود الفقري - طب الرياضي  
شارع الفداء نفق رقم 1 - الدار البيضاء  
هاتف/ فاكس: 05 22 803 803  
05 22 803 803