

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

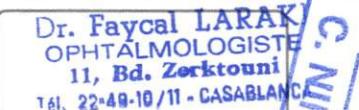
- | | |
|------------------------------------|-----------------------|
| 0 Réclamation | : contact@mupras.com |
| 0 Prise en charge | : pec@mupras.com |
| 0 Adhésion et changement de statut | : adhesion@mupras.com |

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.

N° W21-791367

<input type="checkbox"/> Maladie	<input type="checkbox"/> Dentaire	<input checked="" type="checkbox"/> Optique	<input type="checkbox"/> Autres
Cadre réservé à l'adhérent (e)			
Matricule : 12948	Société : RAM	176998	
<input checked="" type="checkbox"/> Actif	<input type="checkbox"/> Pensionné(e)	<input type="checkbox"/> Autre :	Zineb
Nom & Prénom : HOUACHILI			
Date de naissance : 31/03/84			
Adresse : Résidence Ambari, Appt 033 - Quartier Afraz 20190 Casablanca			
Tél. : 0661191727 Total des frais engagés : 320,00 Dhs			

Autorisation CNDP N° : A-A-215/2019

Cadre réservé au Médecin	
Cachet du médecin :	
	
Date de consultation : 09 SEP. 2023	
Nom et prénom du malade : Aïda	
Lien de parenté :	<input type="checkbox"/> Lui-même <input checked="" type="checkbox"/> Conjoint <input type="checkbox"/> Enfant
Nature de la maladie : Ameliose	
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

Le : 09 SEP. 2023,

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
09 SEP 2023	6	1	300,-	INP : INPE: 091092148 Dr. Faycal YARAKI OPHTALMOLOGISTE 11, Bd. Zerktouni Tunis - 1038 - TUNISIA - CASABLANCA

EXECUTION DES ORDONNANCES		
Cachet du Pharmacien et du Fournisseur	Date	Montant de la Facture
PHARMACIE DES SCIENCES <small>entre Commercial Laimour II</small> CASAS LANCA Tél. : 022 99 48 11	09/09/2023	20.00

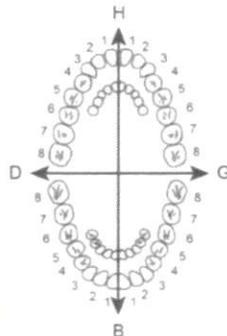
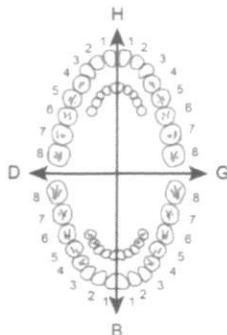
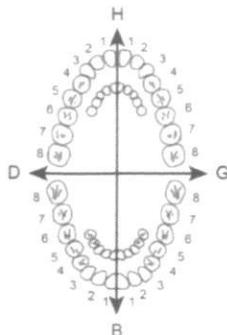
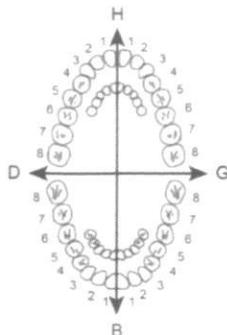
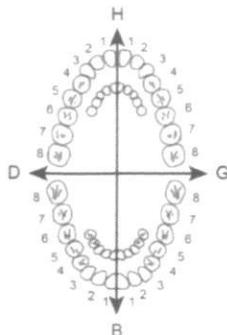
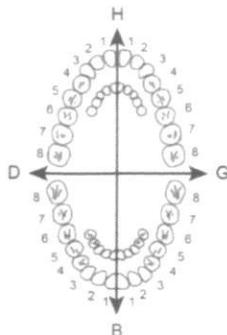
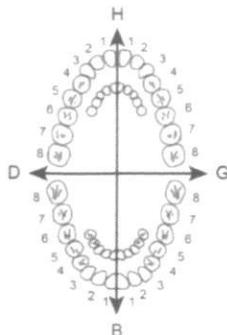
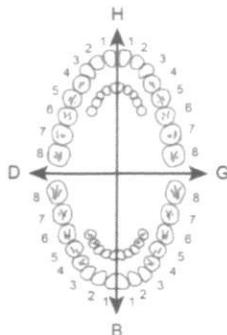
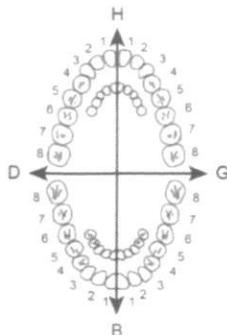
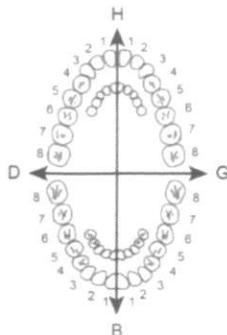
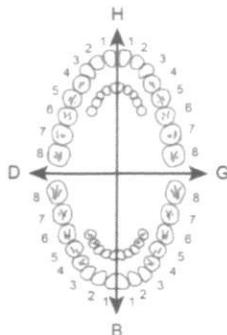
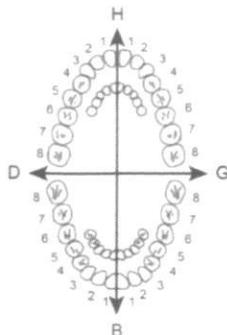
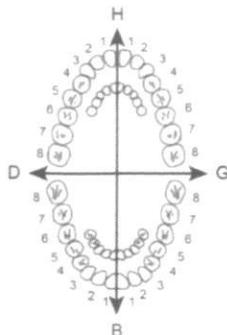
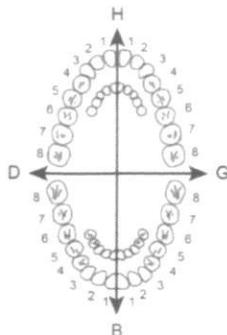
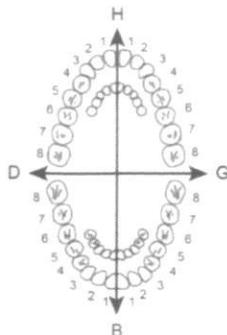
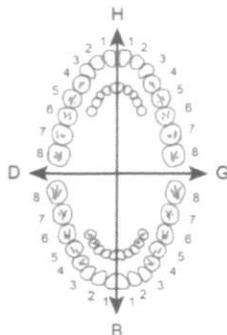
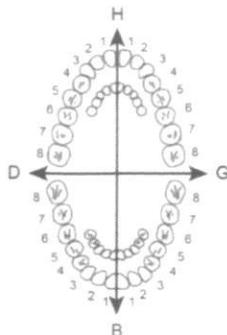
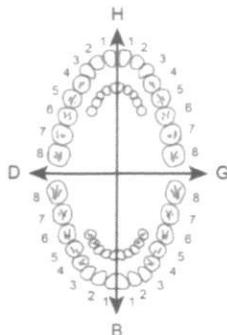
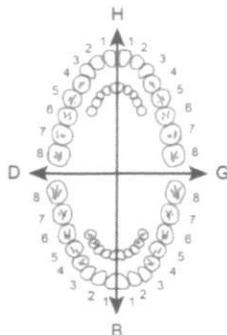
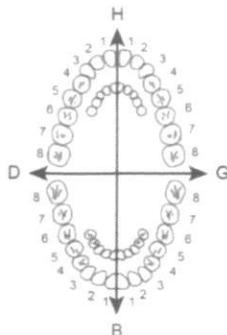
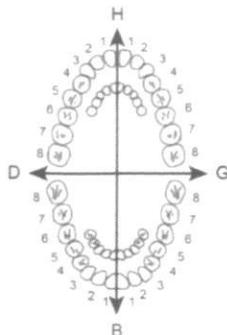
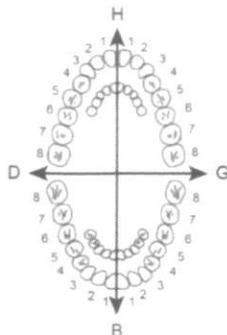
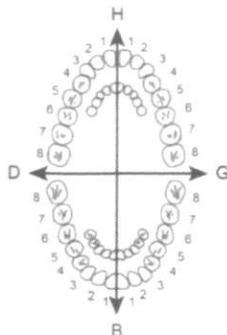
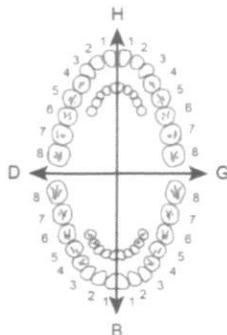
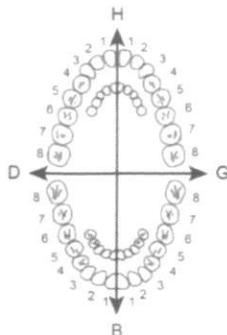
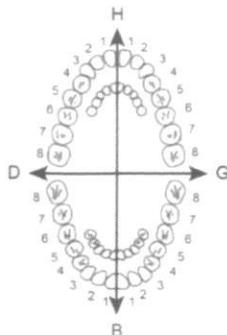
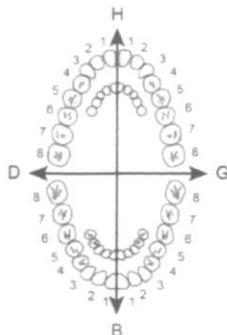
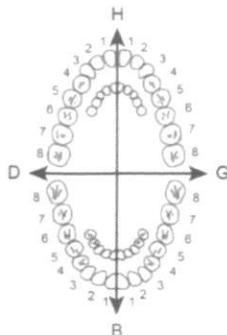
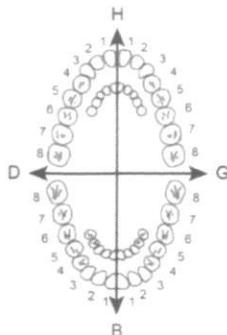
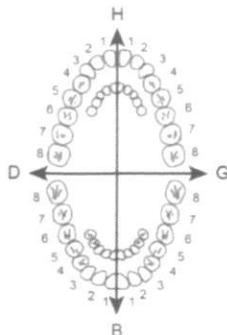
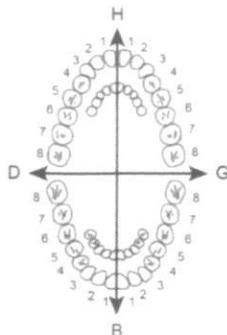
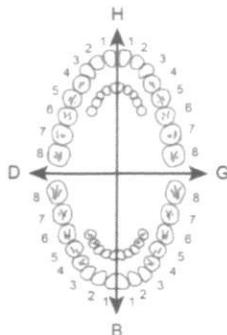
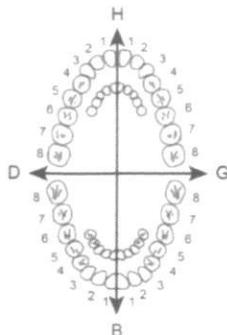
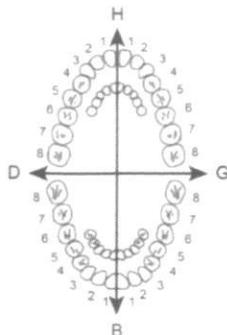
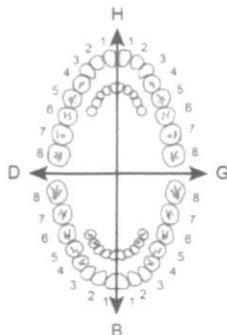
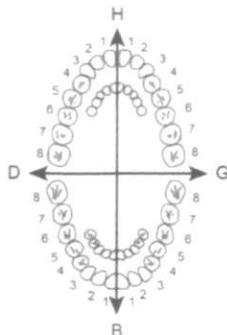
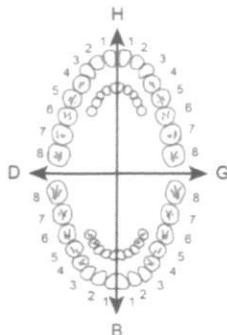
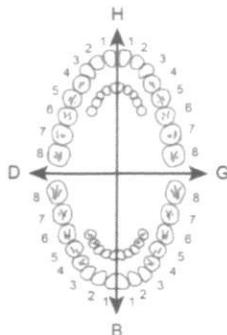
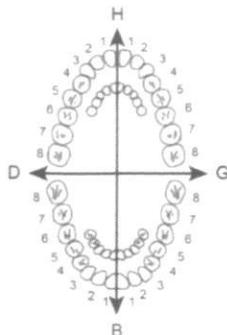
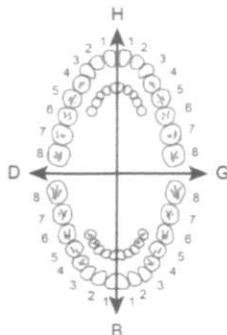
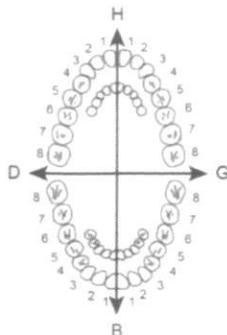
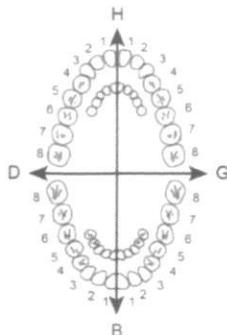
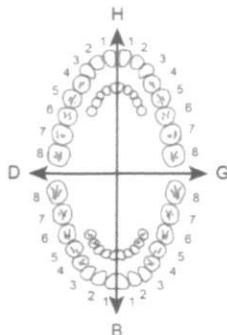
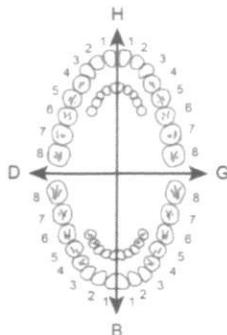
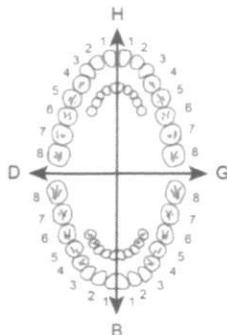
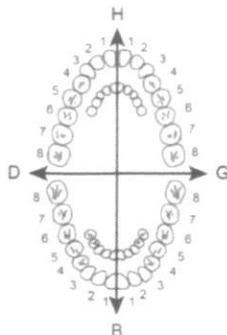
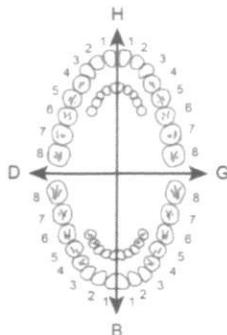
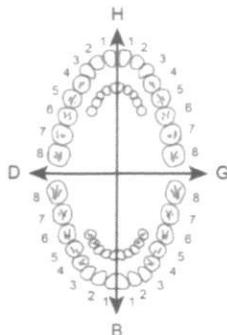
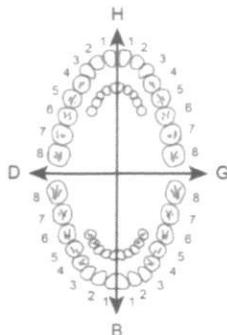
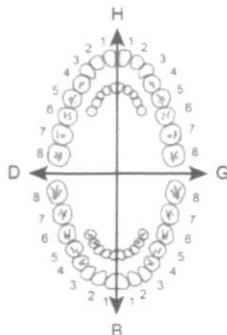
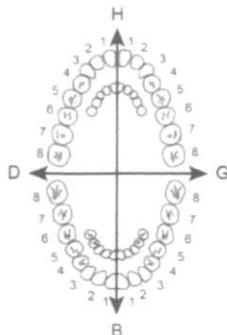
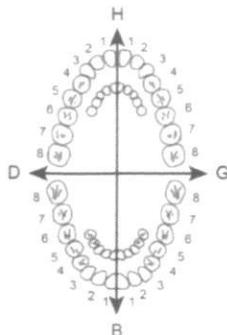
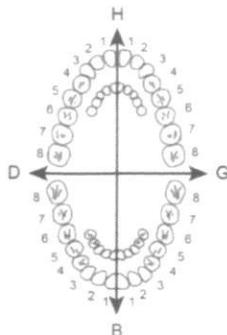
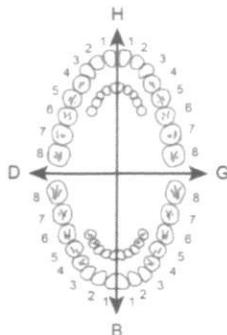
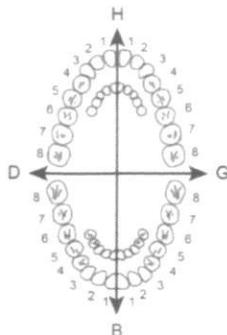
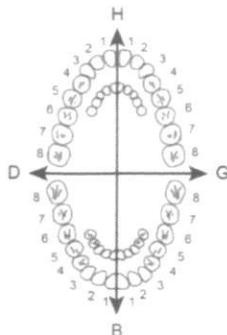
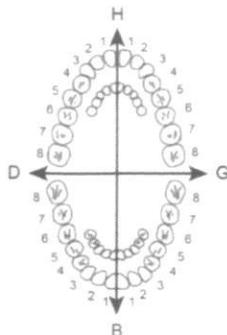
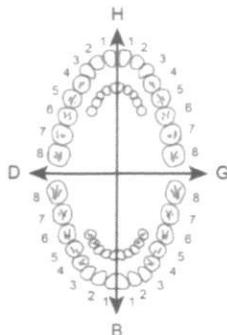
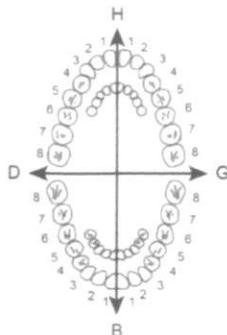
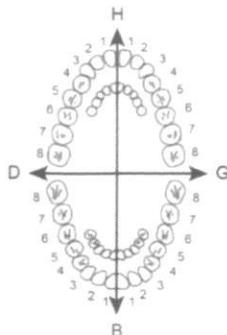
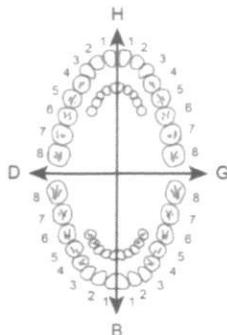
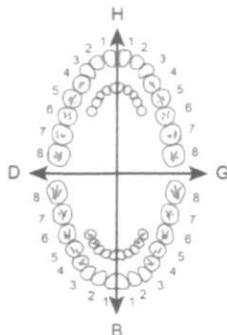
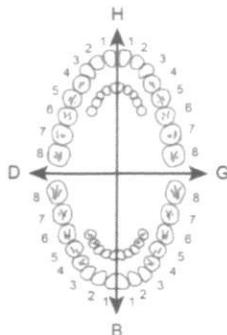
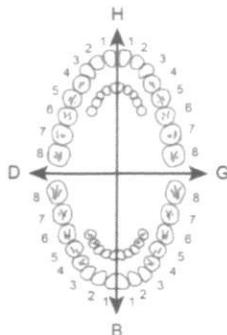
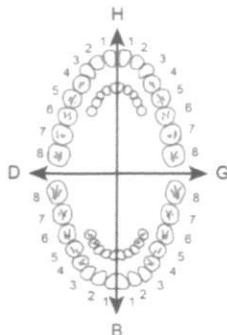
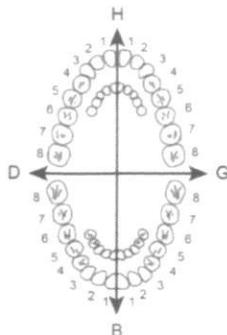
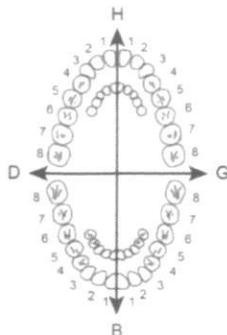
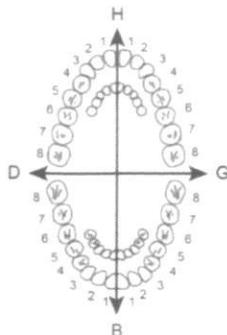
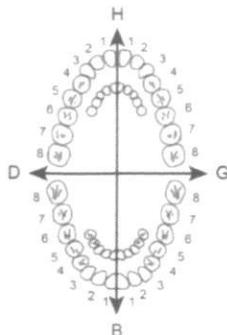
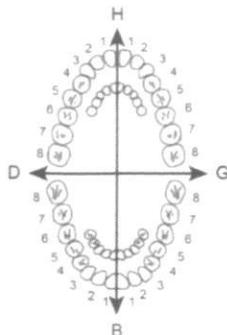
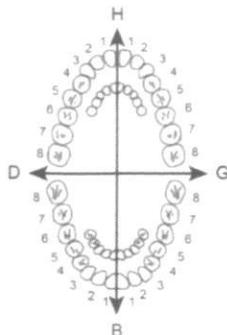
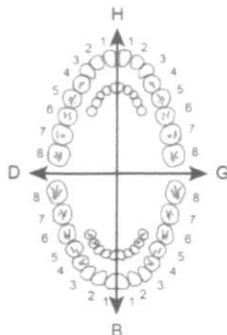
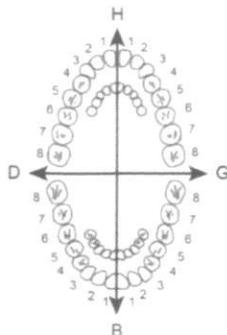
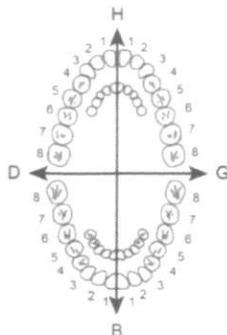
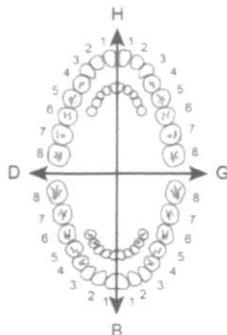
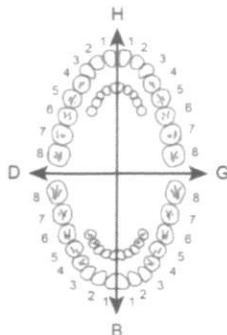
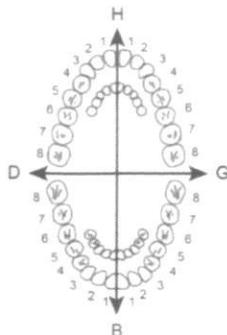
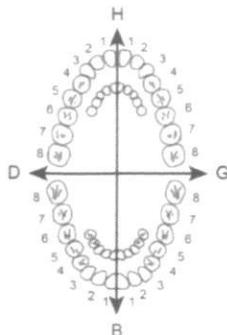
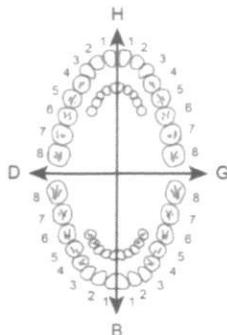
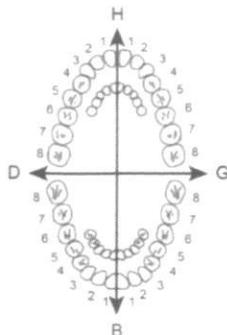
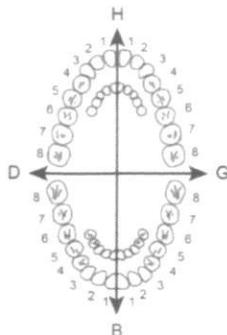
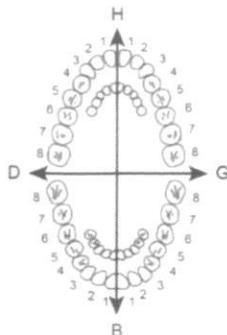
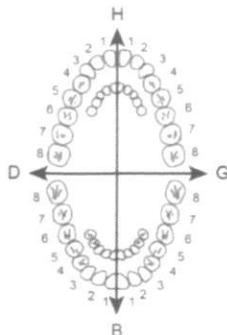
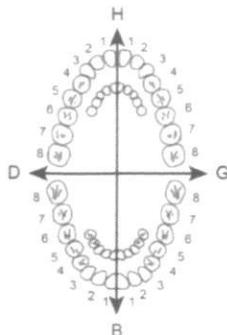
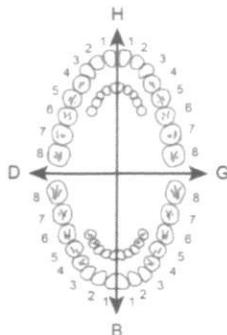
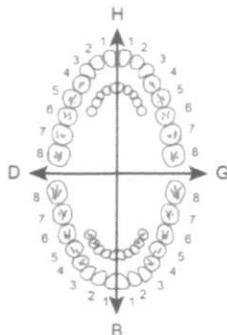
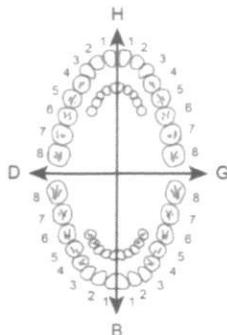
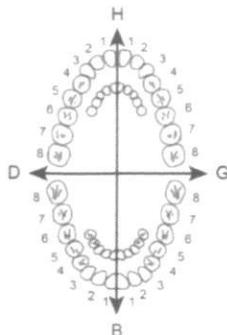
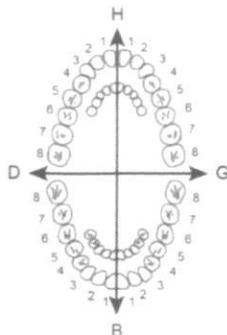
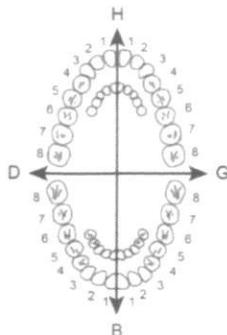
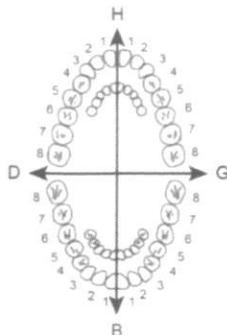
ANALYSES - RADIGRAPHIES			
Cachet et signature du Laboratoire et du Radiologue	Date	Désignation des Coefficients	Montant des Honoraires
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RELEVE DES FRAIS ET HONORAIRES

Le praticien est pré 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.

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<img alt="Diagram of the dental arches with numbered teeth from 1 to 8 in both upper and lower arches. A coordinate system is overlaid with H at the top, G to the right, D to the left, and														

DOCTEUR FAYÇAL LARAKI

Diplômé de la Faculté de Médecine de Paris

DIPLOME D'ETUDES SPÉCIALES
D'OPHTALMOLOGIE

Maladies et Chirurgie des yeux
Lentilles de Contact

EX. Medecin Polyclinique CNSS



الدكتور فيصل العراقي

خريج كلية الطب بباريس

حاصل على الشهادة الوطنية الفرنسية

لامراض وجراحة العيون

طبيب سابق بمصلحة الضمان الاجتماعي

09 SEP. 2023

Casablanca, le : الدار البيضاء ، في :

A. Amri H.I.



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PHARMACIE DES SCIENCES
Centre Commercial Tarfaya
CASABLANCA
Tél. : 022 99 48 14

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OPHTHALMOLOGISTE
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