

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.

MUPRAS : Centre Allal Ben Abdellah - 6ème Etage Angle Rue Mohamed Fakir et Rue Allal Ben Abdellah - Quartier de Casablanca 20000 - Tél. : 05 22 20 45 45 (LG) - Fax : 05 22 22 78 18 - www.mupras.com



MUPRAS
Mutuelle de Prévoyance
& d'Actions Sociales
de Royal Air Maroc

Déclaration de Maladie

M23-0015653

☒ Maladie

☐ Dentaire

☐ Optique

☐ Autres

Cadre réservé à l'adhérent (e)

Matricule : 1386 Société : MUPRAS RECEPTION 9
☐ Actif ☒ Pensionné(e) ☐ Autre :
 Nom & Prénom : LQAD1 Brahim 196979
 Date de naissance : 01.06.1953
 Adresse : 25 lot EL WAFI ANHI BERRACID
 Tél. : 06 61 30 59 29 Total des frais engagés : Dhs

Cadre réservé au Médecin

Cachet du médecin :

Date de consultation : 06 / 02 / 2024

Nom et prénom du malade : Age :

Lien de parenté : ☐ Lui-même ☒ Conjoint ☐ Enfant

Nature de la maladie : DIABETE Type II

Affection longue durée ou chronique ALD ou 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 : Signature de l'adhérent(e) : Le : 06 / 02 / 2024

Autorisation CNDP N° : A-A-215 / 2019

RELEVÉ DES FRAIS ET HONORAIRES

Natures des Actes	Nombre et Coefficient	Montant détaillé des Honoraires	Cachet et signature du Médecin attestant le Paiement des Actes

EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
PHARMACIE DE L'AEROGARE  MOHAMMED Y SAAD BENIDAMOU Tél: 06 94 84 81 36	26/02/2024	2140,00

ANALYSES - RADIOGRAPHIES

Cachet et signature du Laboratoire et du Radiologue	Date	Désignation des Coefficients	Montant des Honoraires

AUXILIAIRES MEDICAUX

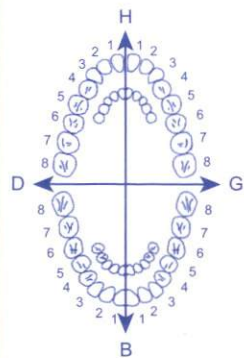
Cachet et signature du Praticien	Date des Soins	Nombre				Montant détaillé des Honoraires
		A M	P C	I M	I V	

RELEVÉ 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	
				CCEFFICIENT DES TRAVAUX <input type="text"/> MONTANTS DES SOINS <input type="text"/> DEBUT D'EXECUTION <input type="text"/> FIN D'EXECUTION <input type="text"/>
O.D.F PROTHESES DENTAIRES	DETERMINATION DU CCEFFICIENT MASTICATOIRE <div style="display: flex; justify-content: space-around;"> <div> H 25533412 00000000 D </div> <div> 21433552 00000000 G 00000000 35533411 B </div> </div> <p>[Création, remont, adjonction] Fonctionnel, Thérapeutique, nécessaire à la profession</p>			CCEFFICIENT DES TRAVAUX <input type="text"/> MONTANTS DES SOINS <input type="text"/> DATE DU DEVIS <input type="text"/> DATE DE L'EXECUTION <input type="text"/>

T DU PRATICIEN ATTESTANT LE DEVIS

VISA ET CACHET DU PRATICIEN ATTESTANT L'EXECUTION

PHARMACIE DE L'AEROGARE MOHAMMED V - Casablanca

Docteur Saad BENIDAMOU

0520767070



Facture N° FAC-80635

Date : 26/02/2024

Mme LAAOUI LATIFA

Produit	Qté.	P.U	Total
HARTMANN VEROVAL COMPACT TENSIOMÈTRE DE BRAS REF 925422	1	700,00	700,00
BIONIME BANDELETTES B25 REF GS300	12	120,00	1 440,00

Total Organisme	0 DHS
Total Client	2 140,00 DHS
Total	2 140,00 DHS

Arrêté la présente facture à la somme de : deux mille cent quarante DHS

PHARMACIE DE L'AEROGARE
MOHAMMED V
SAAD BENIDAMOU
Tél: 06 94 84 11 36

IF : 48541438 RC : 490327 ICE : 002685708000077
Tel : 0520767070

Adresse : Hall Public Zone Hors Douane Niveau 1 du Terminal 1 de l'Aéroport Mohammed V ,
CASABLANCA

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Blood Glucose Test Strip

Features:

- User friendly design
- Only 1.4 µL blood sample required.
Less blood means less pain
- Golden Electrode strip performs high
Precision and Accuracy

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GS300

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25 PCS (1 vial of 25)



Golden Electrode strip
(Smart Code Key included)

RIGHTEST™ GS300

For *in vitro* diagnostic use
For self-testing and professional use

- Store at temperature 4 - 30°C (39 - 86°F)
and 10 - 90% RH
- Do not freeze
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- Do not use if seals are broken
- Discard test strip properly after single use

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101-2GS300-1Q2
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4°C - 30°C 10% 90%
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101-2GS300-1Q2
EN

BIONIME
Blood Glucose Test Strip



Instruction of use GS300

1. Insert the strip into the
socket on the top of the
meter and wait for the
information on the blood
glucose meter LCD to appear.



2. After obtaining a blood
sample on your finger, gently
touch the tip of the strip in
order for the blood sample to
be absorbed.

RIGHTEST™ GS300

4 710627 337996
Moroc Diabete Plus
94 Abou Assalt
Casablanca
Morocco



BIONIME
Blood Glucose Test Strip

Features:

- User friendly design
- Only 1.4 µL blood sample required.
Less blood means less pain
- Golden Electrode strip performs high
Precision and Accuracy

BIONIME CORPORATION
No. 100, Sec. 2, Daqing St., South Dist.,
Taichung City 40242, Taiwan
Tel: +886 4 23692388
Fax: +886 4 22617586
Email: info@bionime.com
http://www.bionime.com

EC REP

Emergo Europe
Prinsessegracht 20
2514 AP The Hague
The Netherlands
Email: EmergoVigilance@ul.com

CE
0197

BIONIME
Blood Glucose Test Strip



LOT

2025-08-29
212391405



BIONIME
Blood Glucose Test Strip

25 PCS (1 vial of 25)



GS300

Golden Electrode strip
(Smart Code Key included)

RIGHTEST™ GS300

For *in vitro* diagnostic use
For self-testing and professional use

- Store at temperature 4 - 30°C (39 - 86°F)
and 10 - 90% RH
- Do not freeze
- Read package insert before using
- Use within 3 months of opening strip vial
- Do not use if expiration date has passed
- Do not use if seals are broken
- Discard test strip properly after single use

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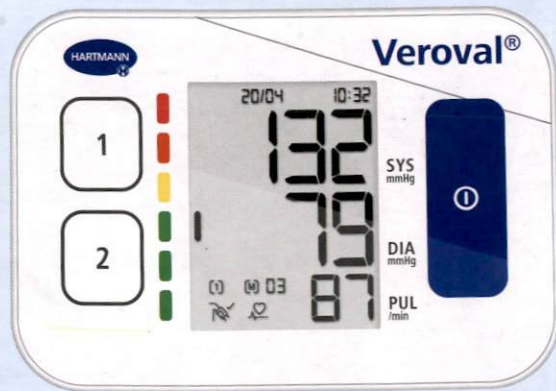
RIGHTEST™ GS300

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Veroval®

BLOEDDRUK
BLUTDRUCK



*Boven
bloed
Obera
Blutdr*



- ✓ Aangename en nauwkeurige meting
- ✓ Herkent onregelmatige hartslag
- ✓ Verkeerslichtsysteem voor uw waarden