

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.

M23-0015653

Maladie

Dentaire

Optique

Autres

Cadre réservé à l'adhérent(e)

Matricule : 13.86

Société :

Actif

Pensionné(e)

Autre :

Nom & Prénom :

LIAZI BRAHIM

Date de naissance :

01.06.1953

Adresse :

25. lot EL WAFA ANHA DOROUA

Scarcoceira

Tél. : 06 61 30 59 29

Total des frais engagés : Dh

Cadre réservé au Médecin

Cachet du médecin :



Date de consultation : 16.02.2024

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 ALC Pathologie :

En cas d'accident préciser les causes et circonstances :



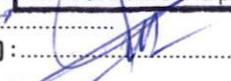
Dans le cas où la maladie aurait un caractère confidentiel, renseigner les renseignements sous pli confidentiel à l'attention du médecin conseil de la Mutuelle.

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 : Maroc

Le : 01.02.2024

Signature de l'adhérent(e) :



RELEVE 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 SAÄD BENDAMOU <u>Tel: 06 94 84 81 36</u>	26/02/2024	2140,00

ANALYSES - RADIOGRAPHIES

AUXILIAIRES MEDICAUX

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

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'ODDF.

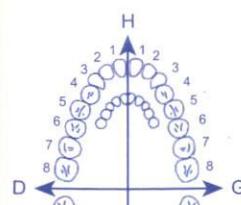
O.D.F
PROTHESES DENTAIRES

DETERMINATION DU CŒFFICIENT MASTICATOIRE

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25533412	21433552
00000000	00000000
D	C
00000000	00000000
35533411	11433553

[Création, remont, adjonction]

Fonctionnel, Thérapeutique, nécessaire à la profession



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 LAAOUIS 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
SAÂD 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

BIONIME
Blood Glucose Test Strip



2025-08-29

LOT

212391405



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

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BIONIME
Blood Glucose Test Strip

25 PCS (1 vial of 25)



Golden Electrode strip
(Smart Code Key included)

RIGHTEST™ GS300

BIONIME
Blood Glucose Test Strip

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
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Use with RIGHTEST™ GM300/GM110

101-2GS300-1Q2
EN

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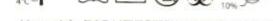
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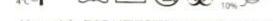
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4°C - 30°C

IVD

~~Biohazard~~

10%

90%

4°C - 30°C

IVD

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BIONIME
Blood Glucose Test Strip



2025-08-29

LOT

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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

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BIONIME
Blood Glucose Test Strip

25 PCS (1 vial of 25)



Golden Electrode strip
(Smart Code Key included)

RIGHTEST™ GS300

BIONIME
Blood Glucose Test Strip

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



Use with RIGHTEST™ GM300/GM110

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.



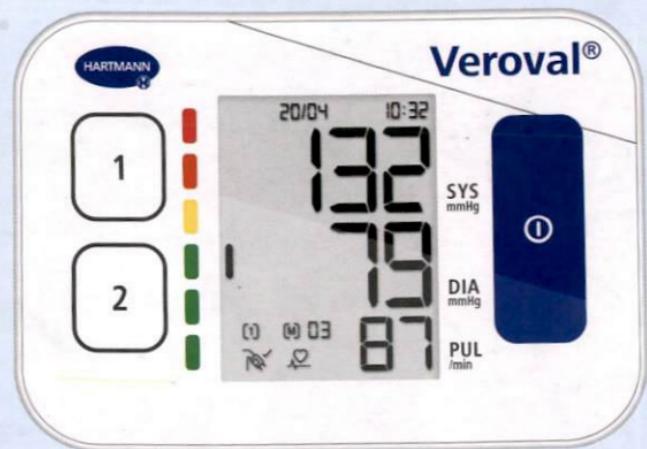
RIGHTEST™ GS300

MOROCCO
Casablanca
94 Abu Dhabi Plus
Maroc Diabète Plus
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Veroval®

BLOEDDRUK
BLUTDRUCK



Boven
bloed
Obera
Blutdr



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