

Entité A et Solidarité

**MLE-2855
ND 107173**

Demande PEC Totale

Nom et Prénom	Mle	N° Dossier	Type de Demande	Frais engagés	Mnt Accordé	Restant à Charge
DABJI BOUCHAIB	2855	107173	Demande PEC Totale avec Prélèvement CLMR du RAC	20000,00	16400,00	3600,00

A.Sociale

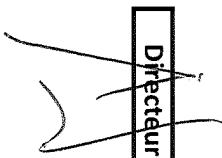
Directeur

Recette et Recouvrement

Trésorier

Président





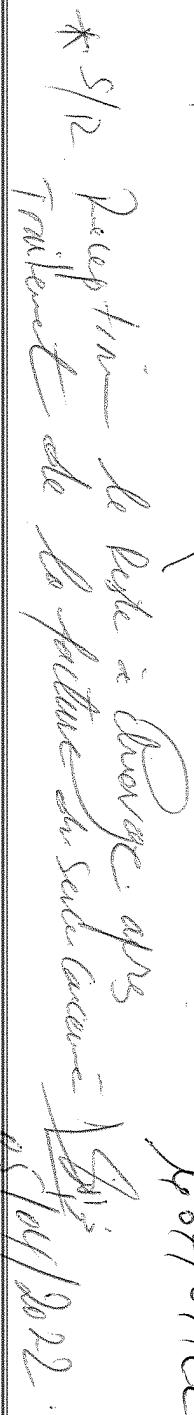


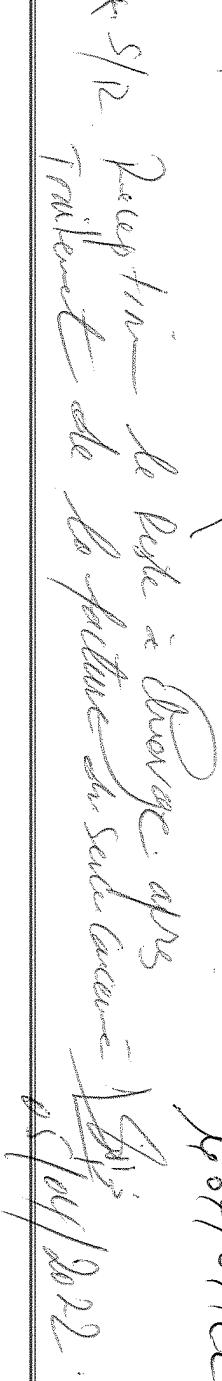


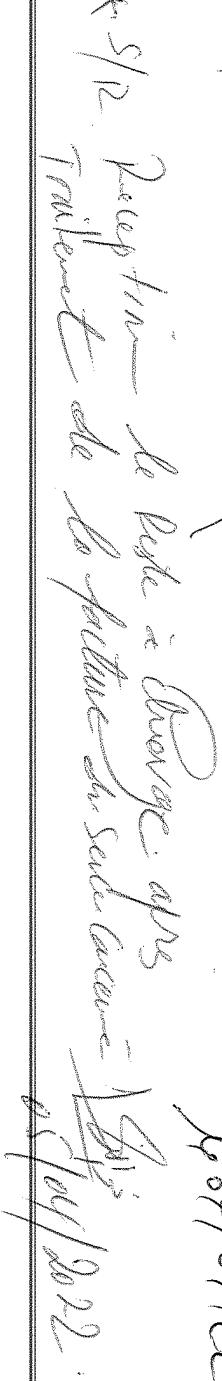


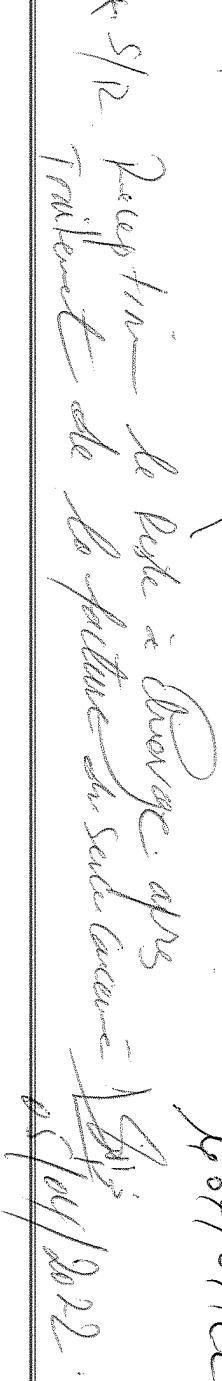


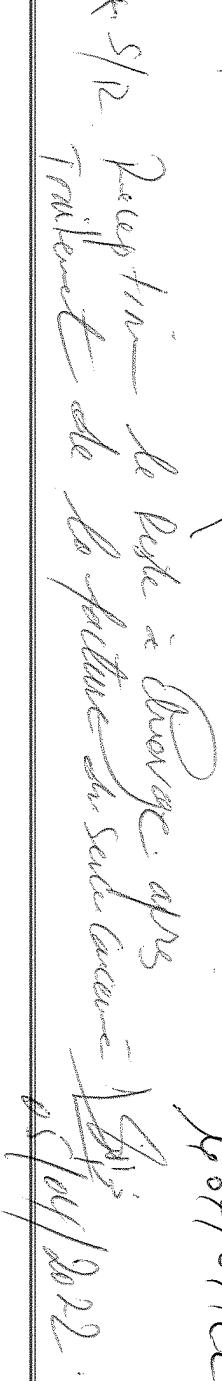


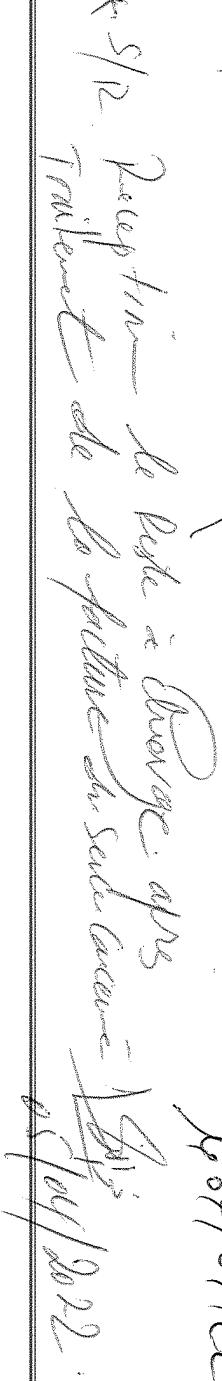


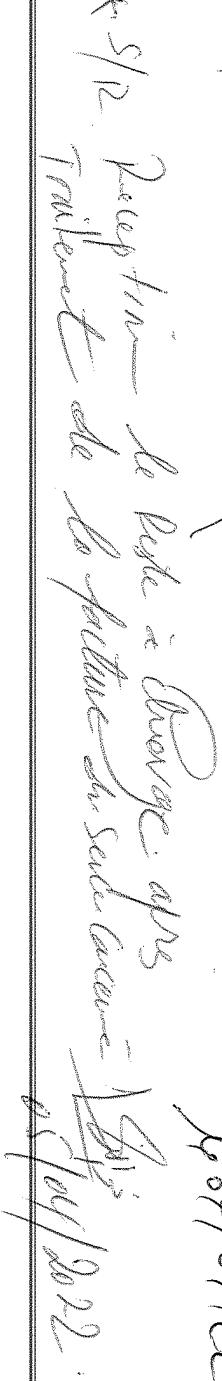


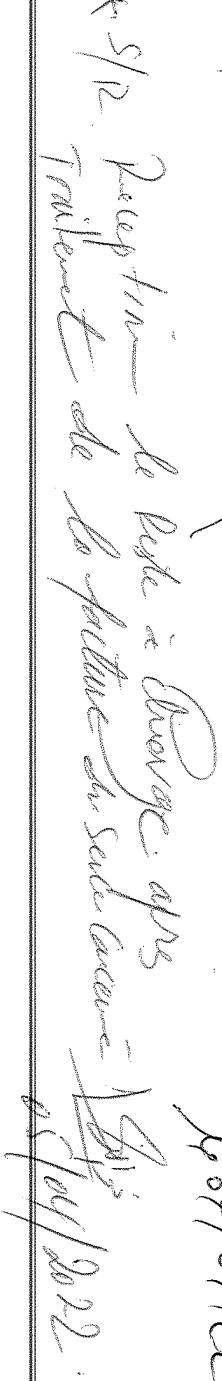


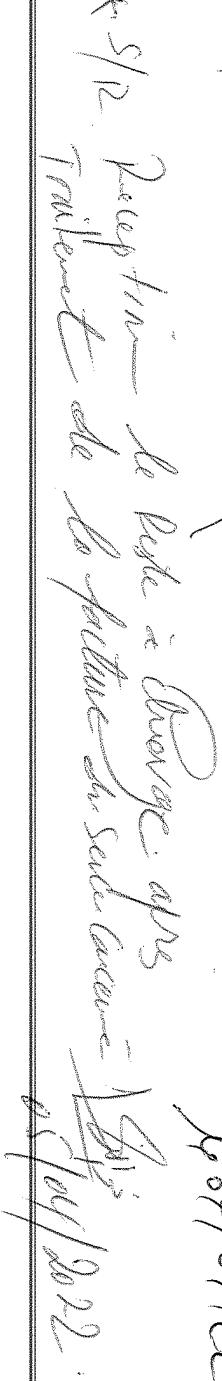


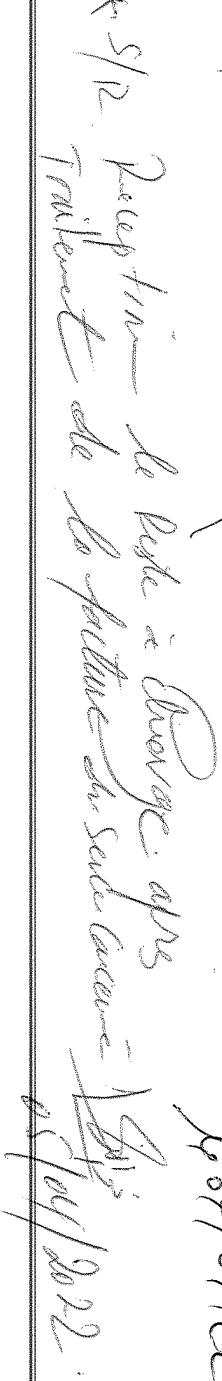


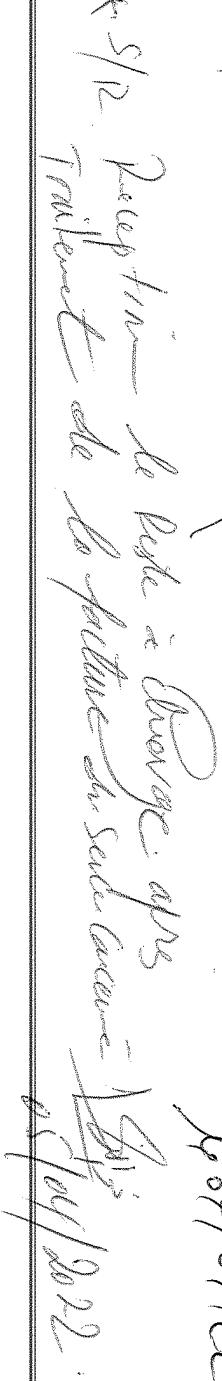


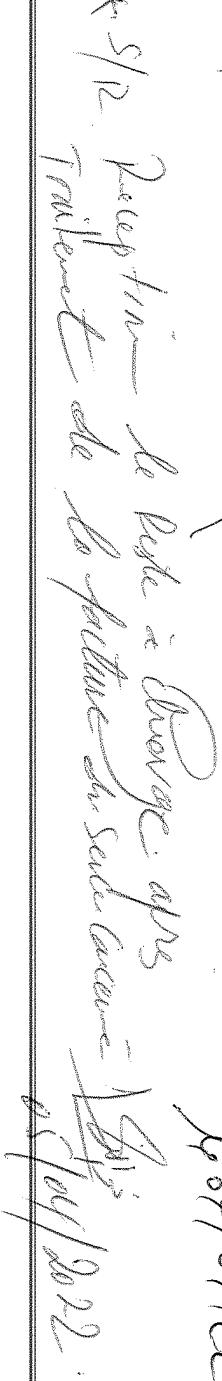


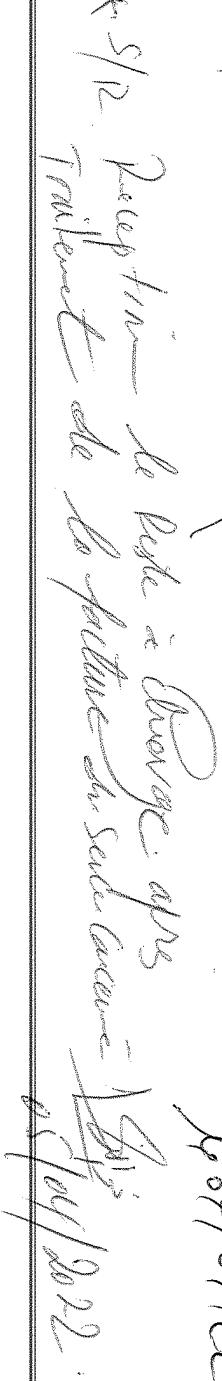


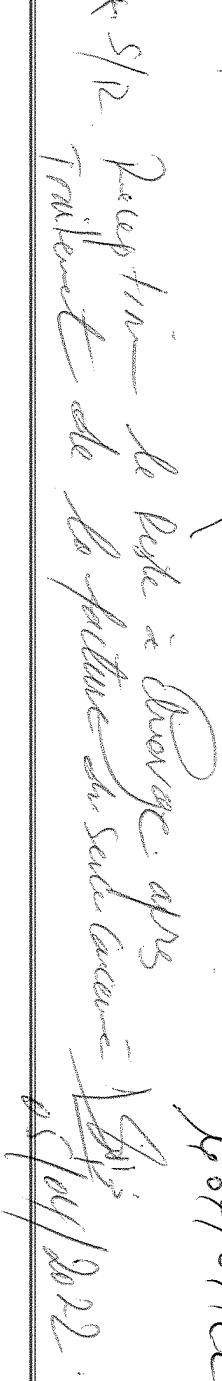


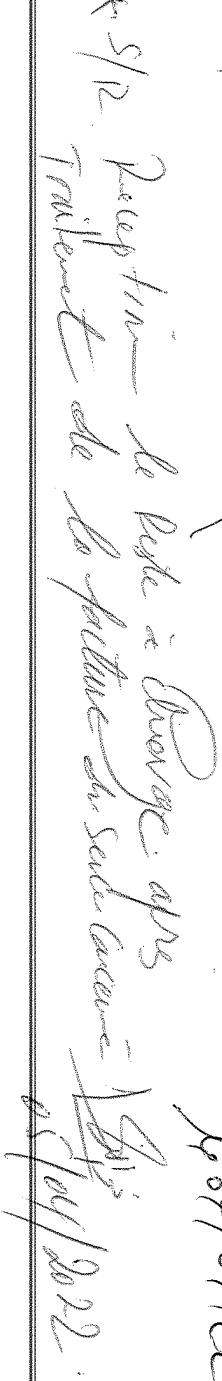


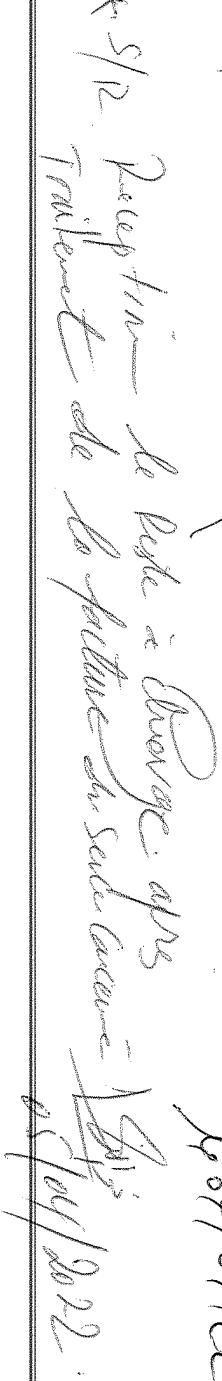


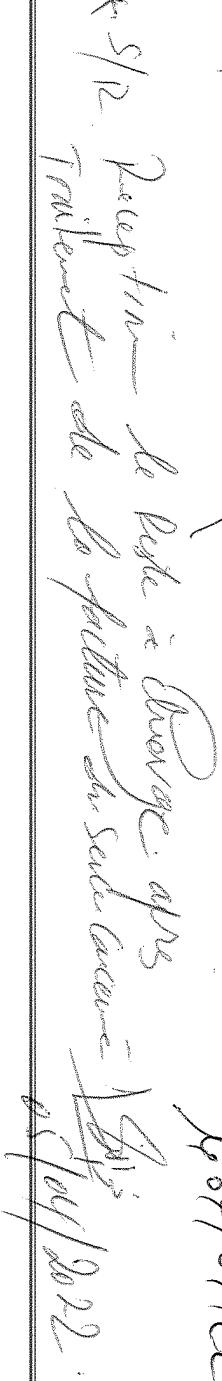




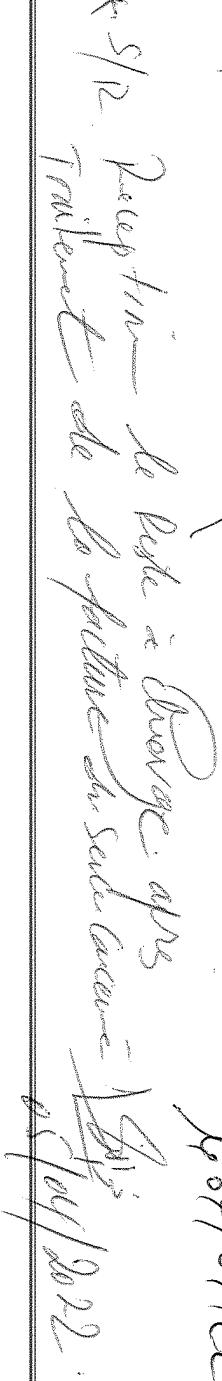


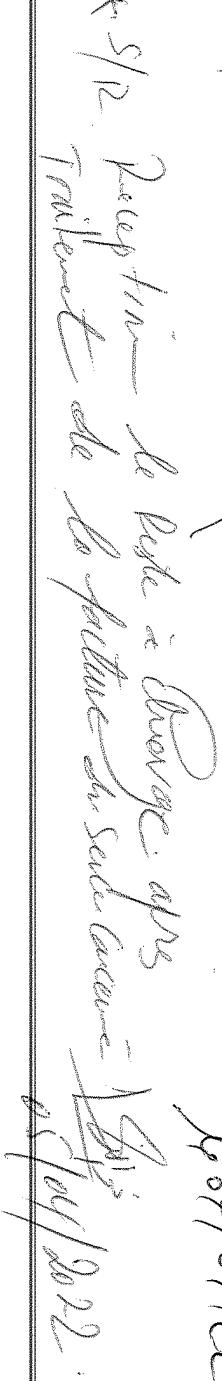


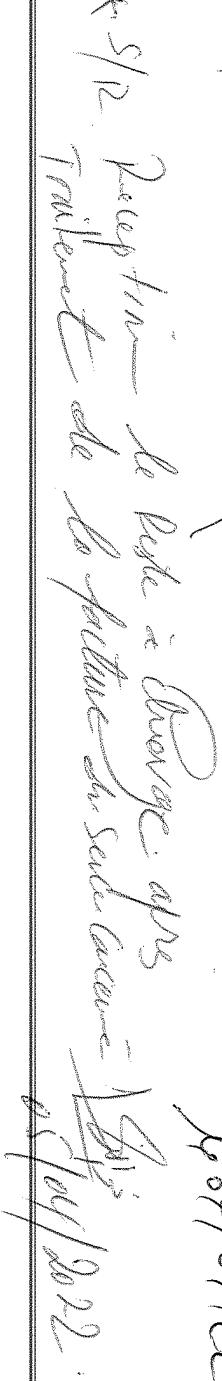


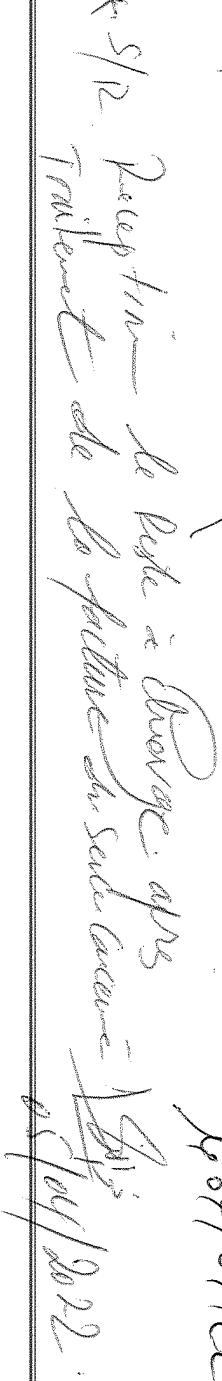


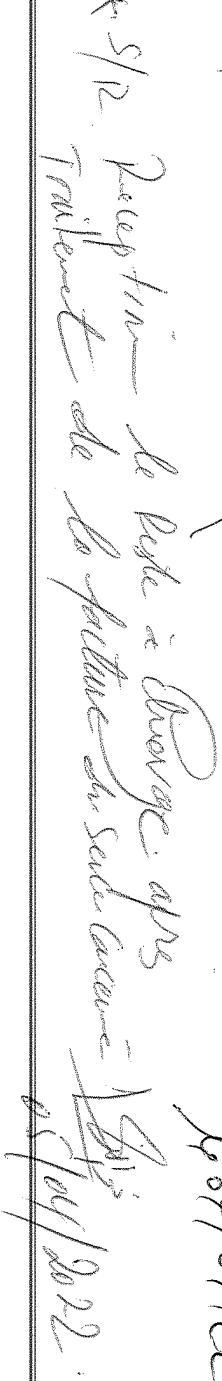


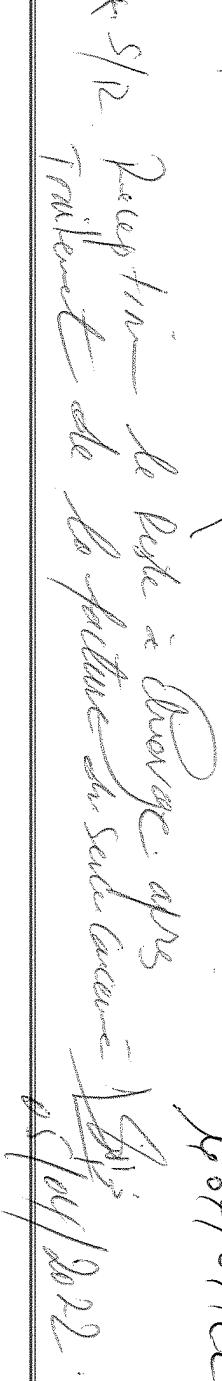


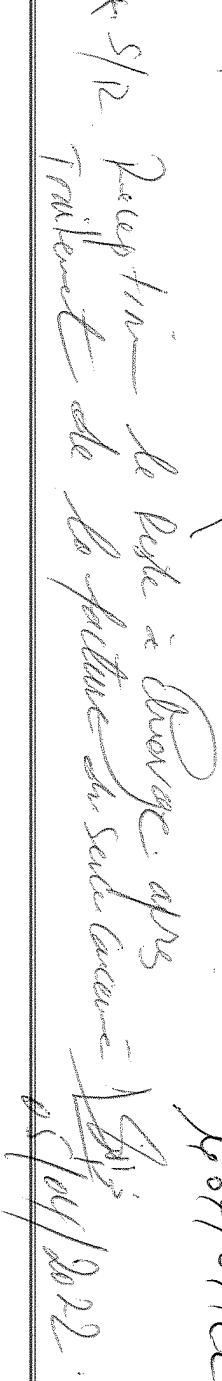


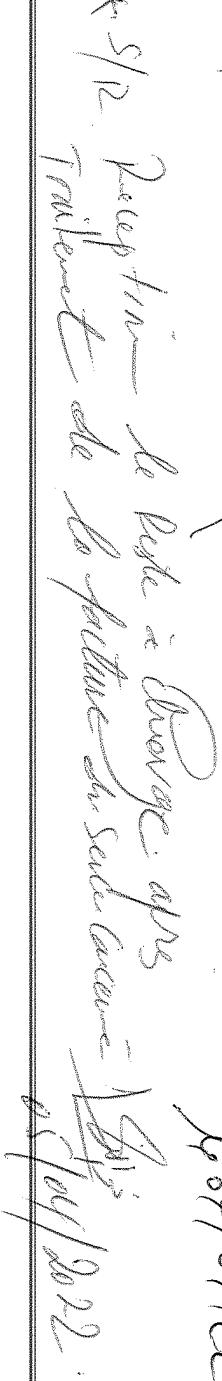


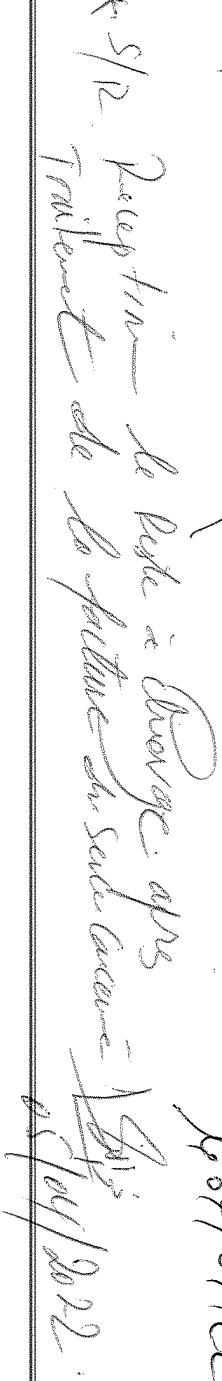


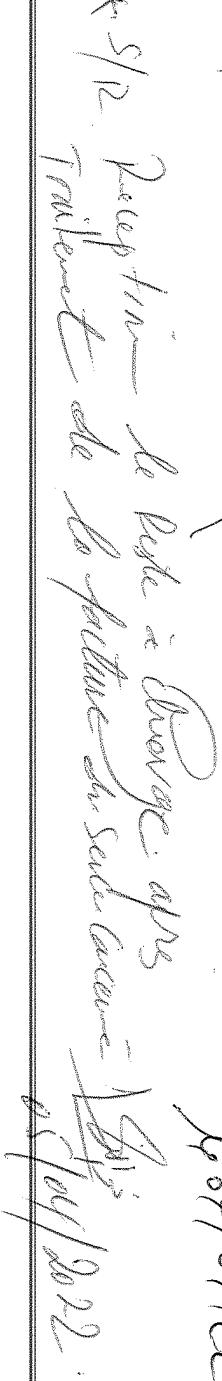


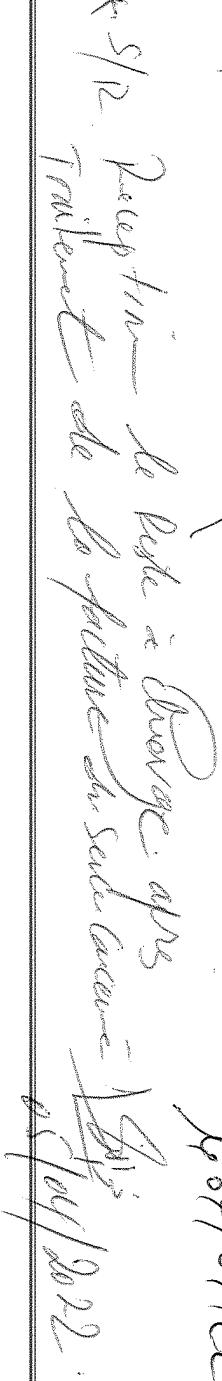


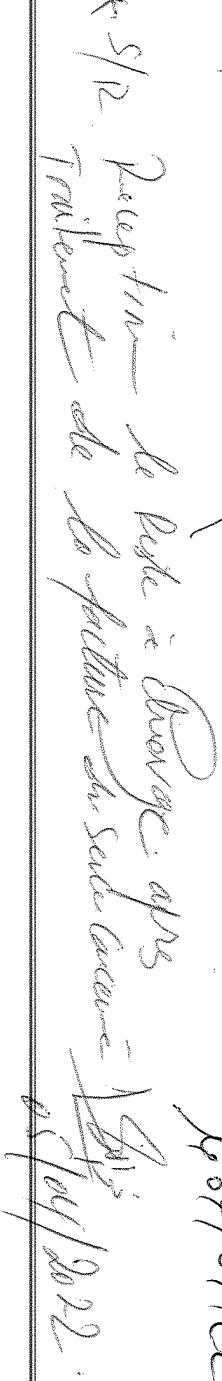


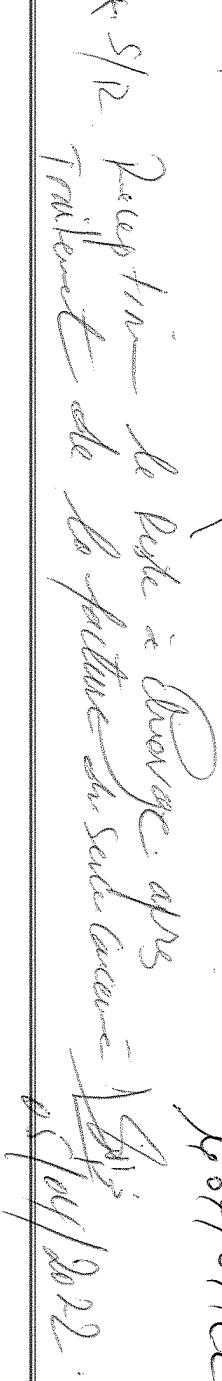


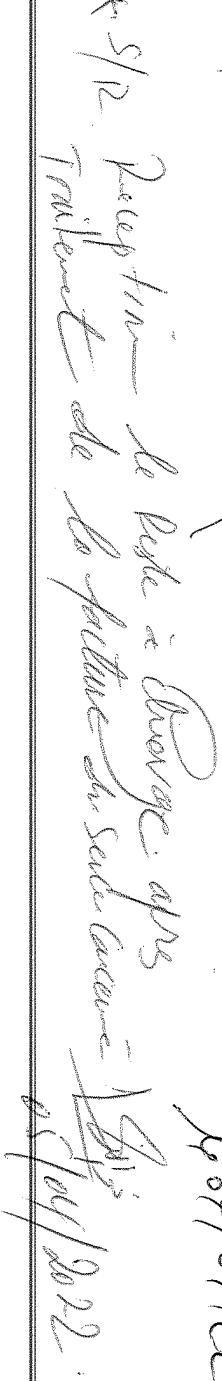


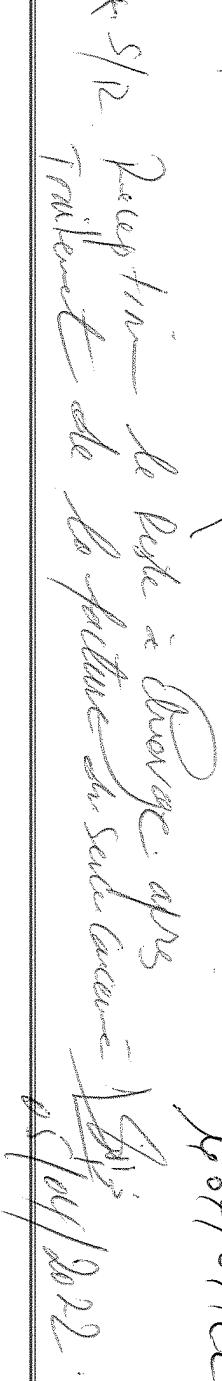


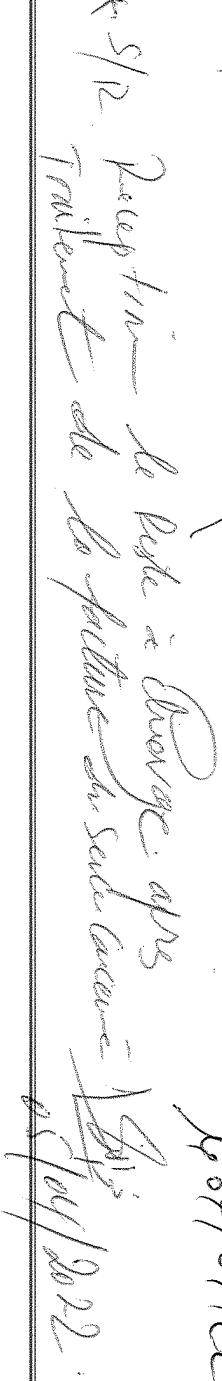


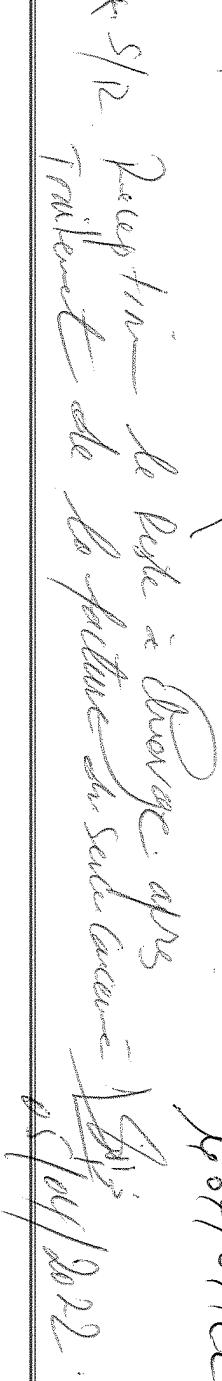


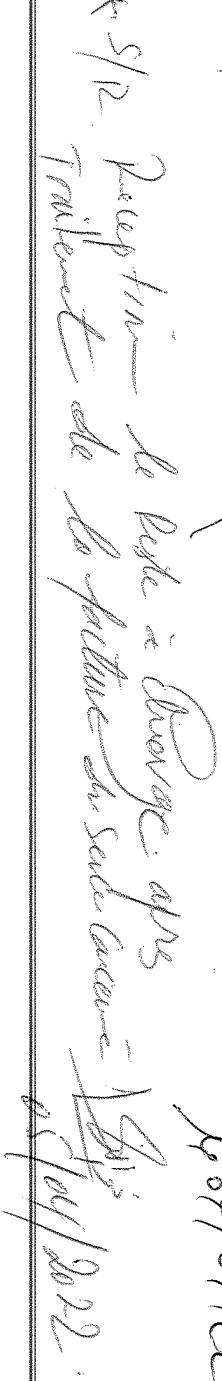


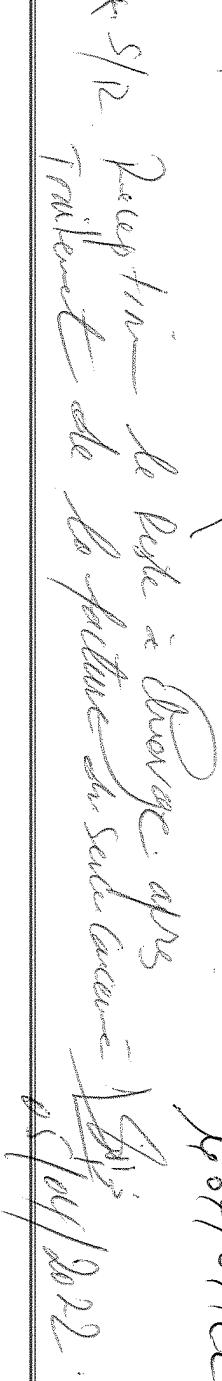


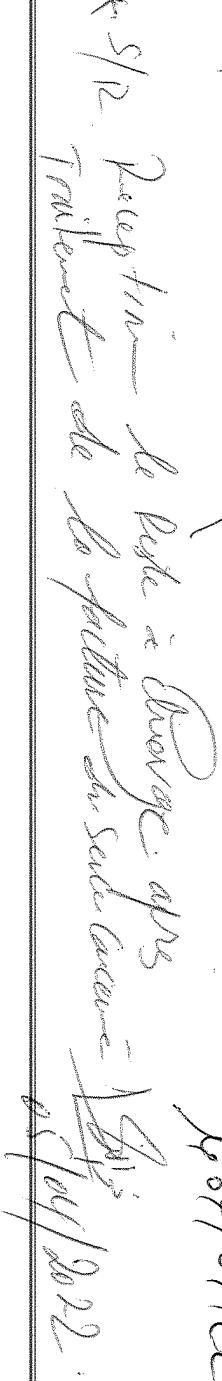


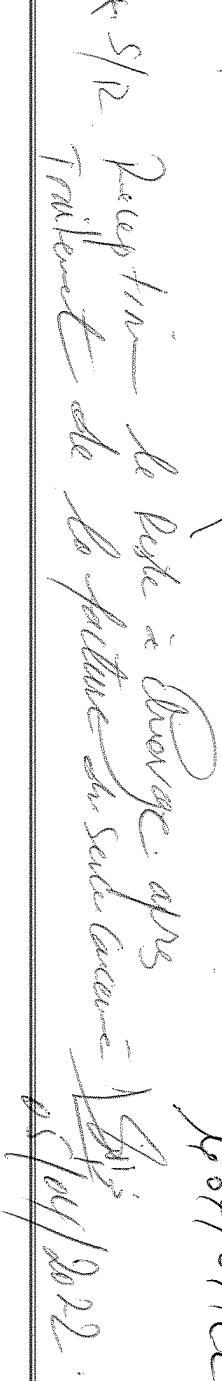


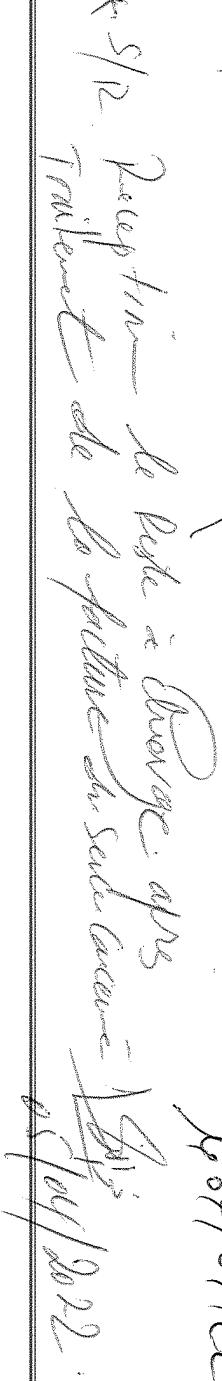


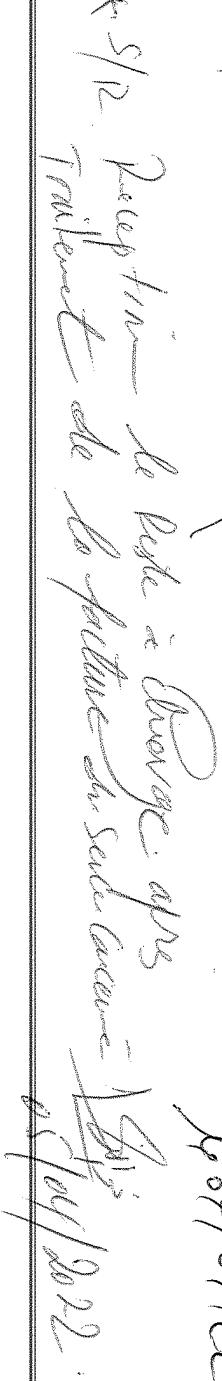


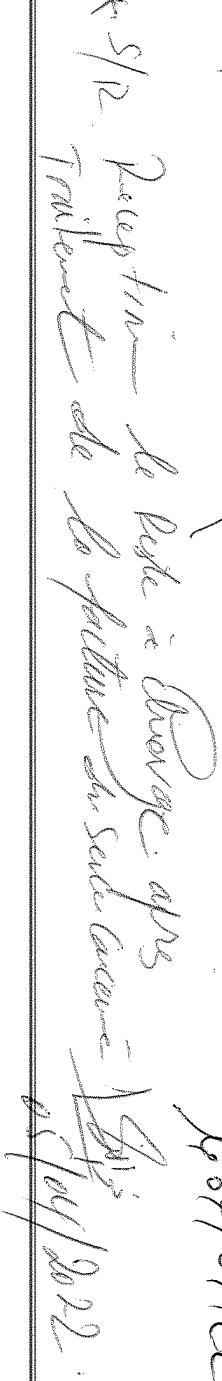


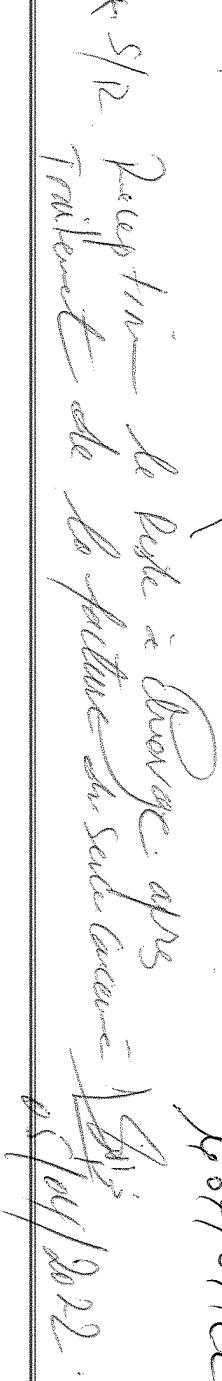


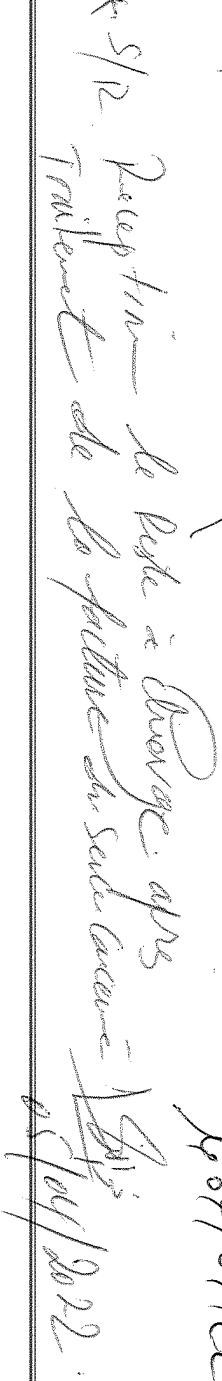


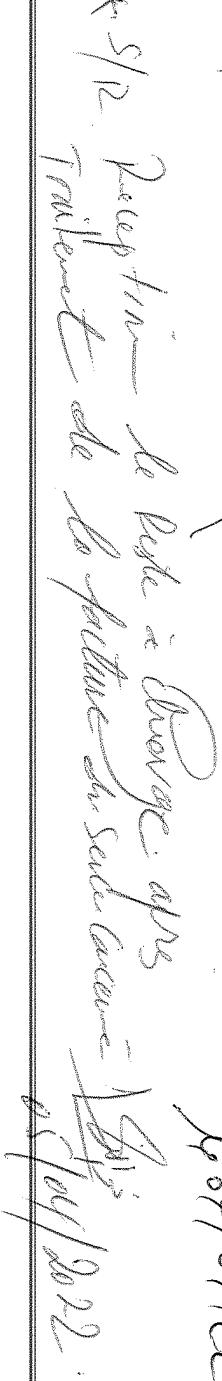


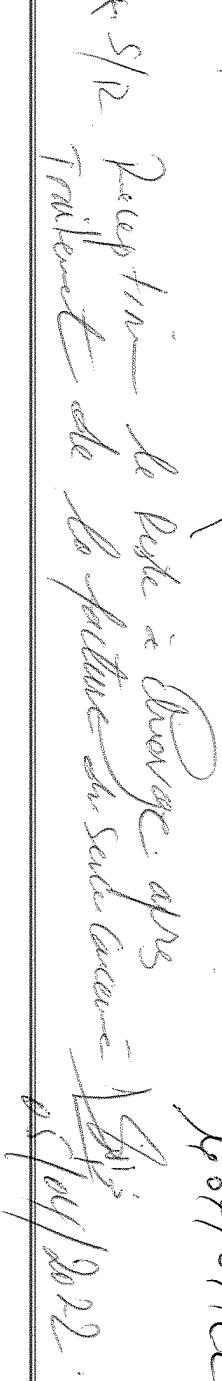


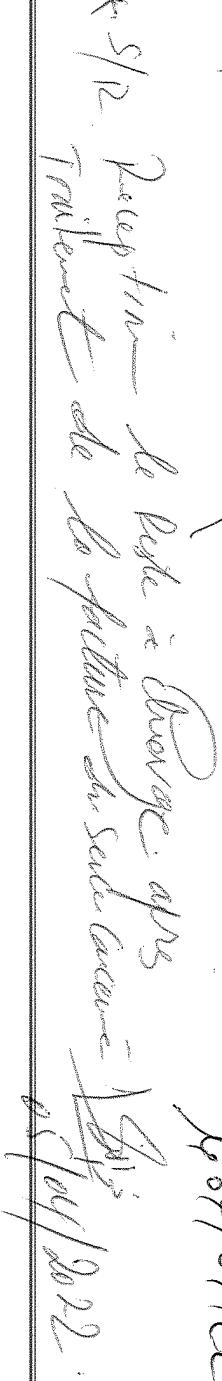


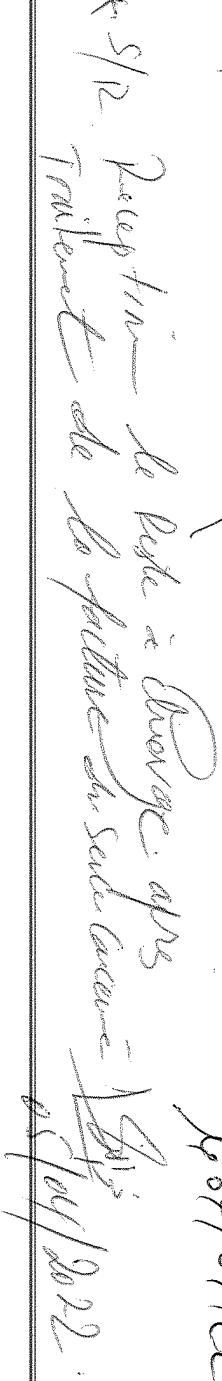


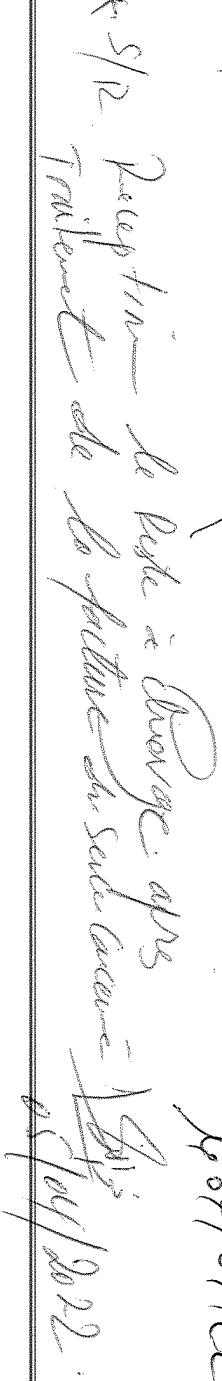


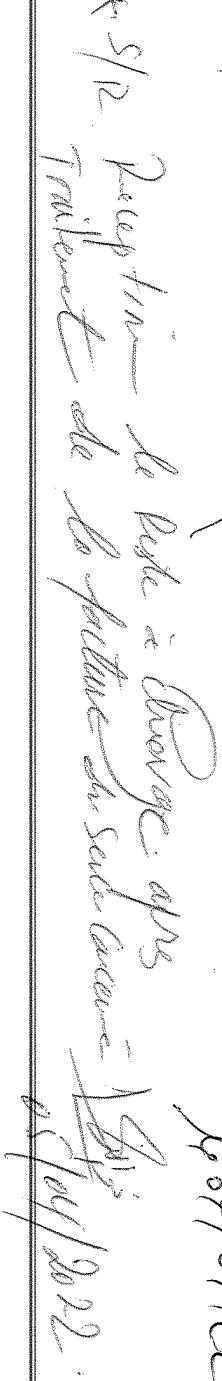


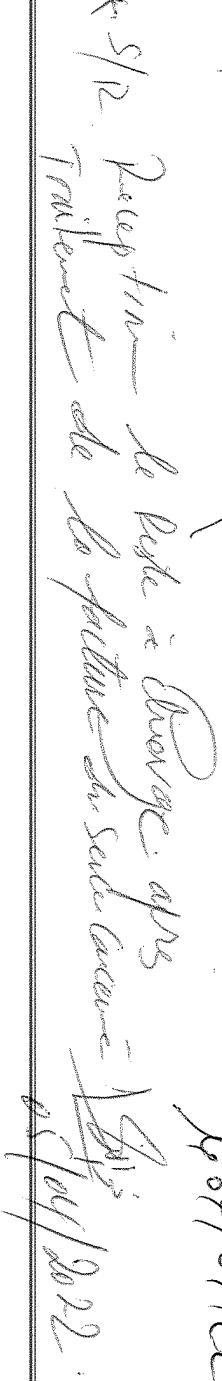


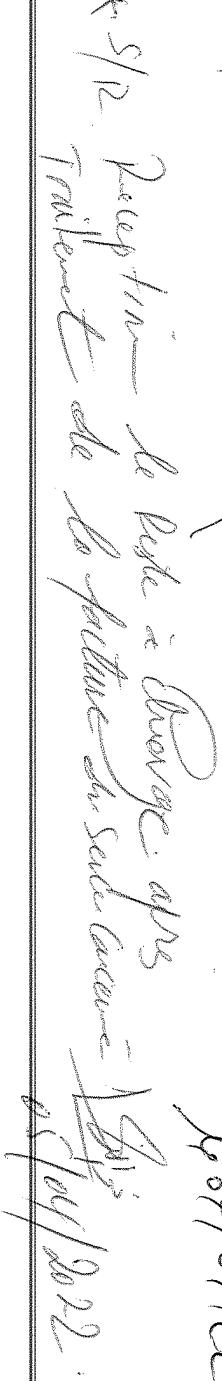


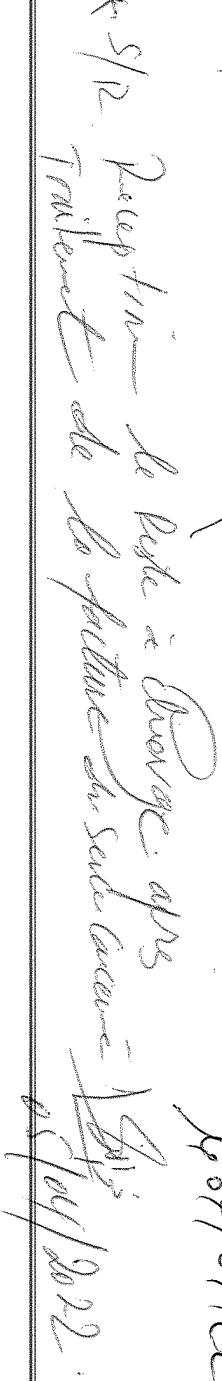


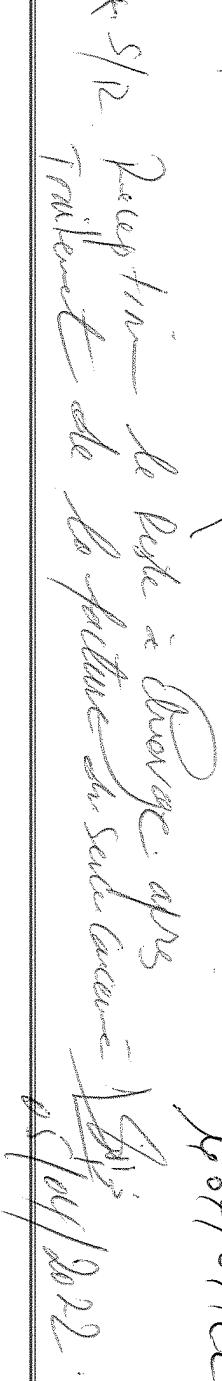


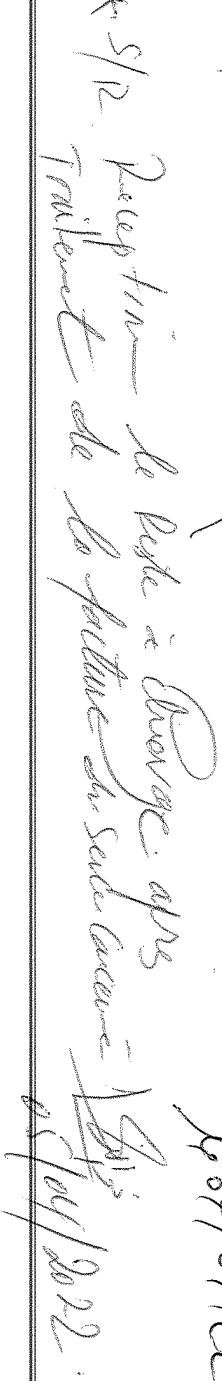


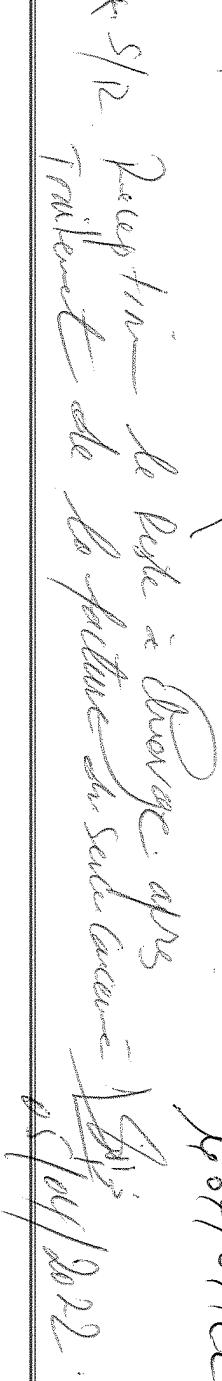


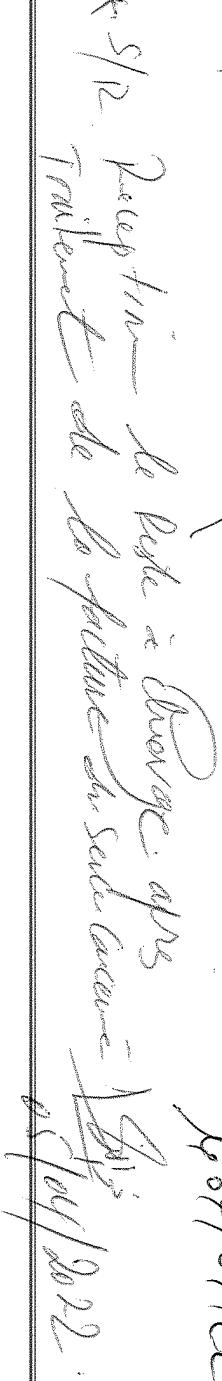


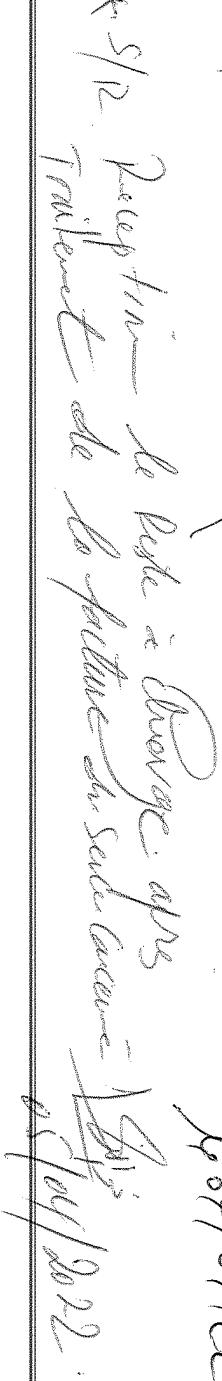


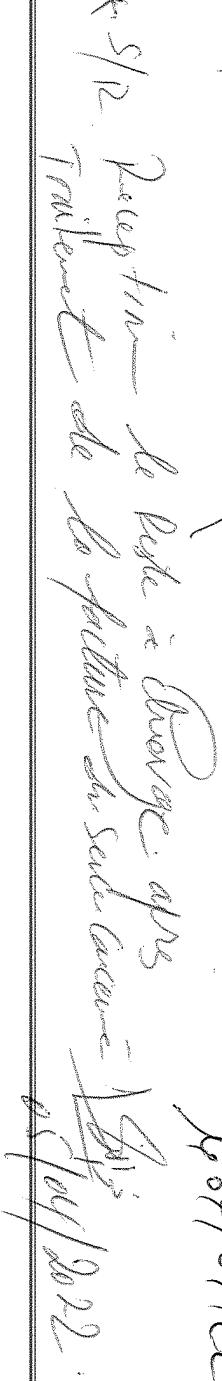


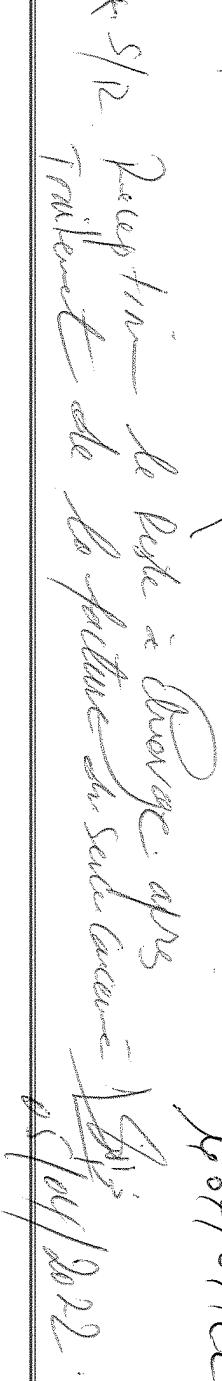


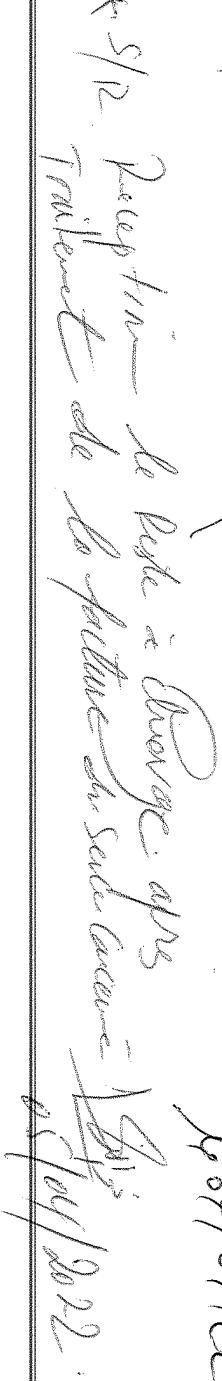


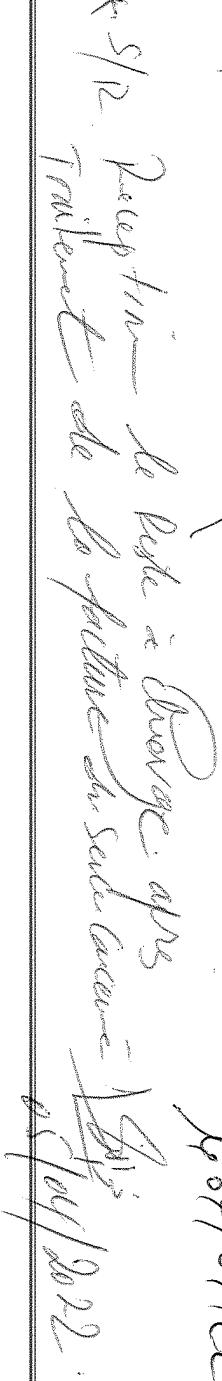


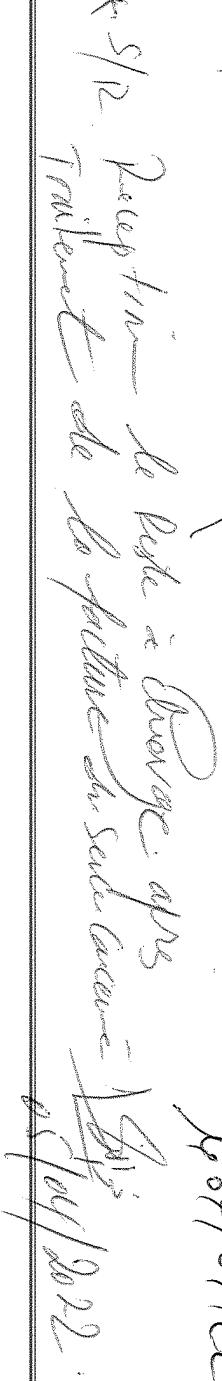


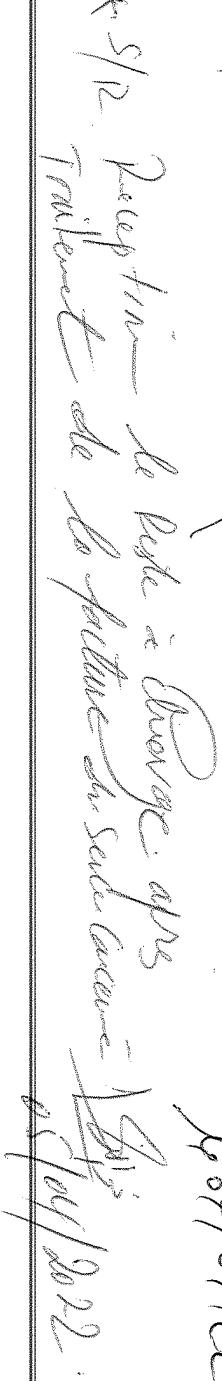


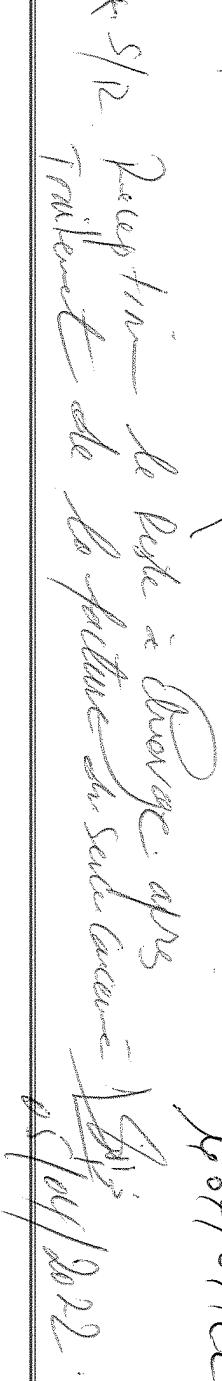


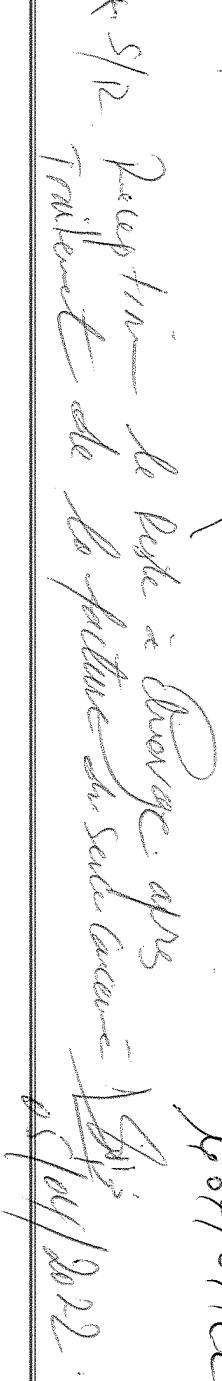


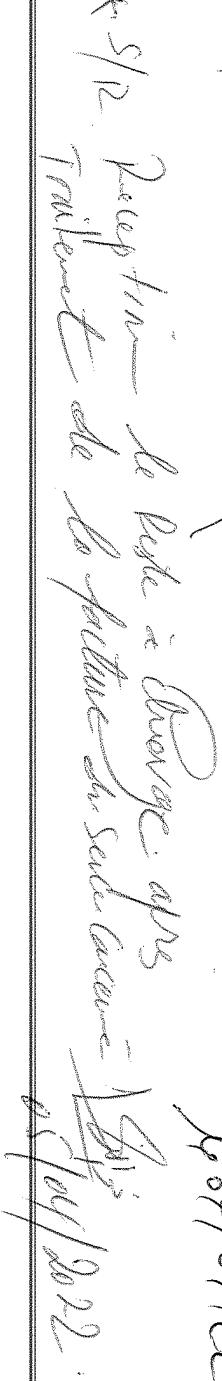


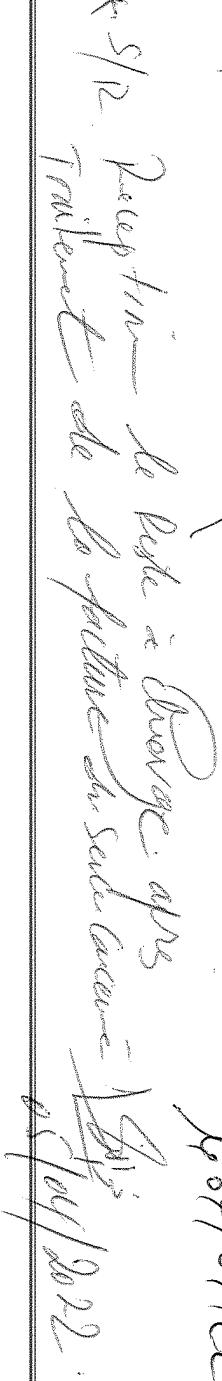


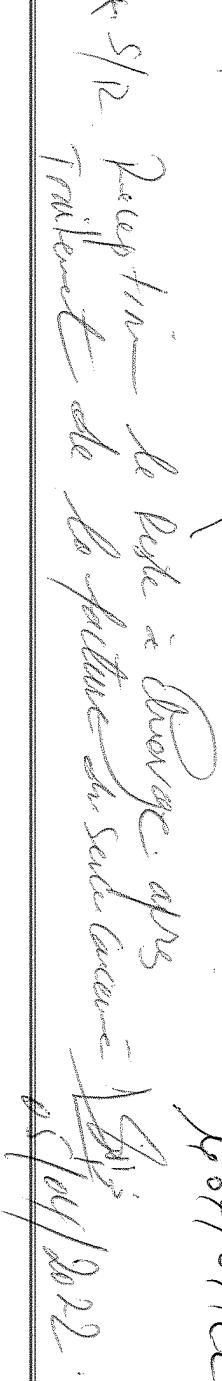


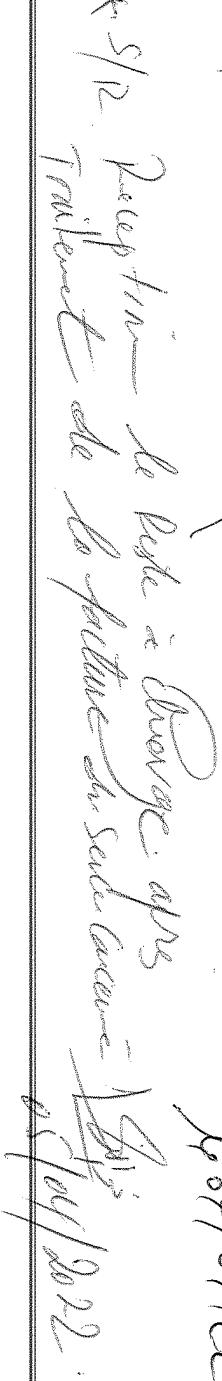


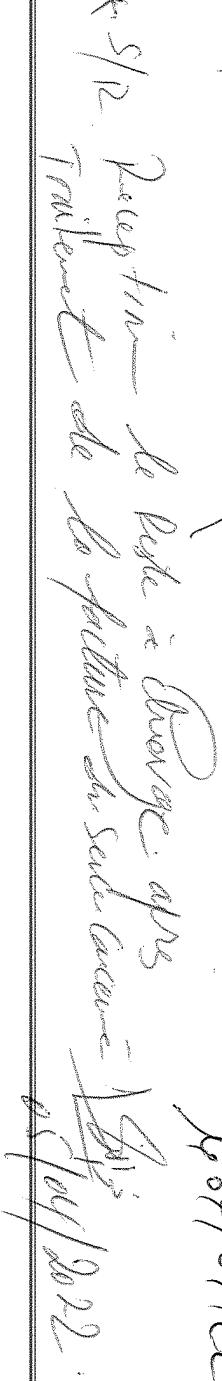


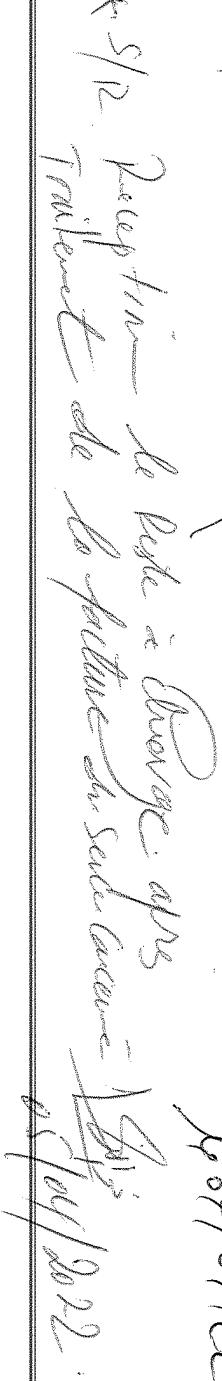


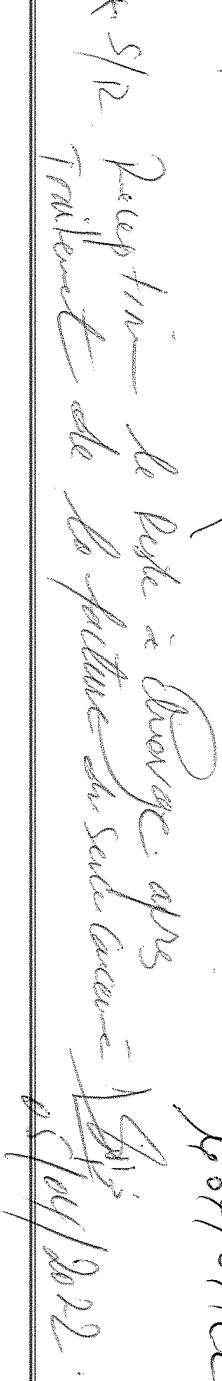


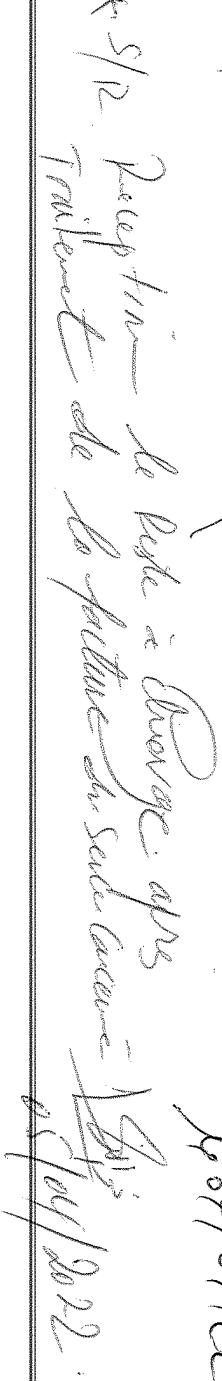


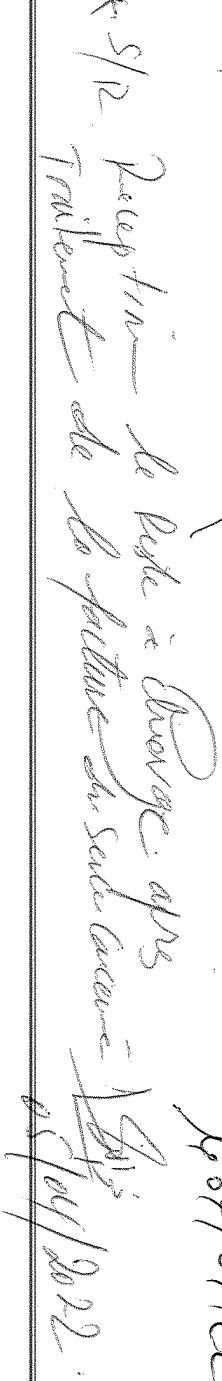


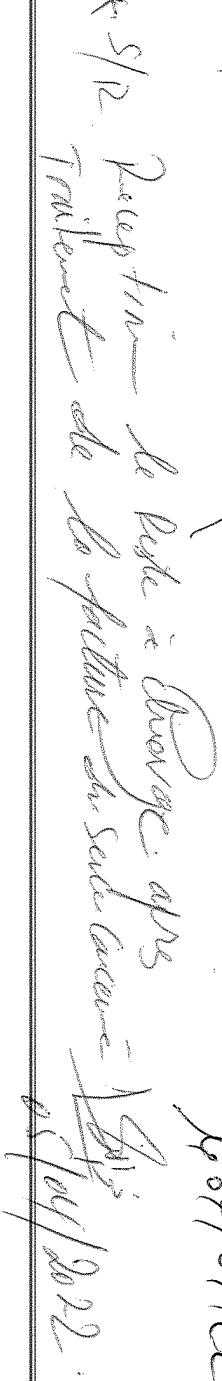


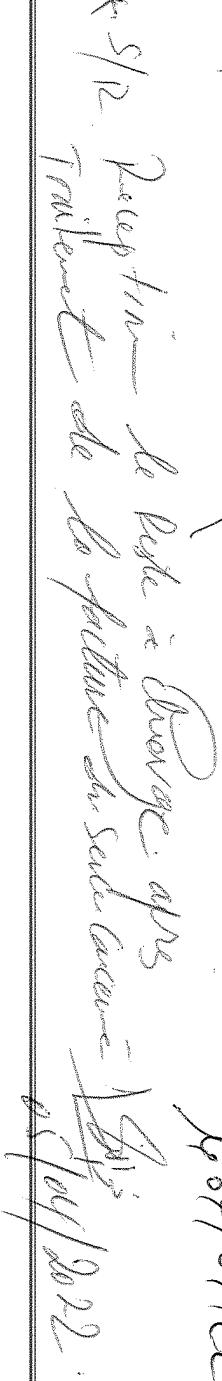


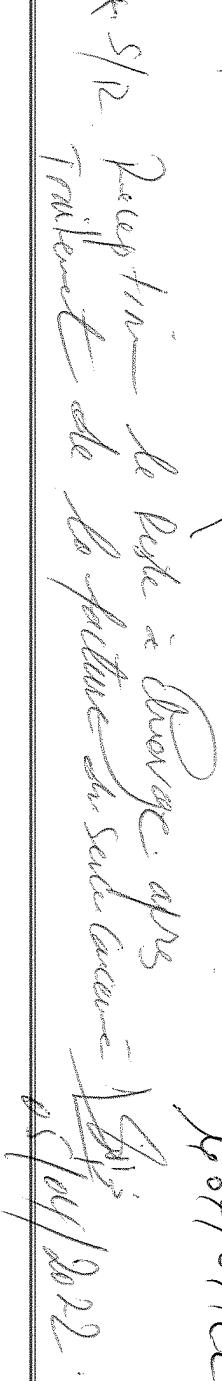


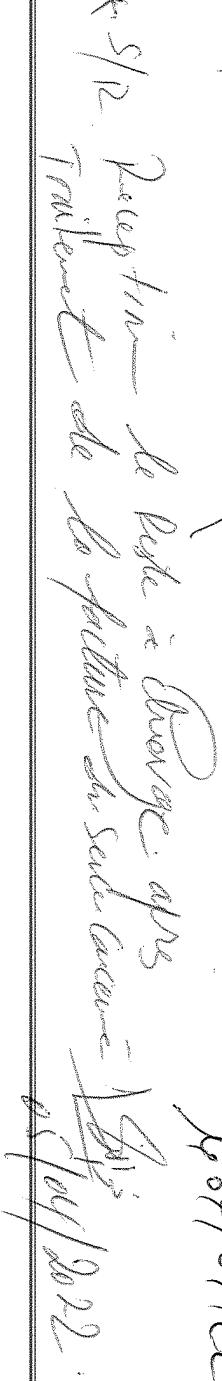


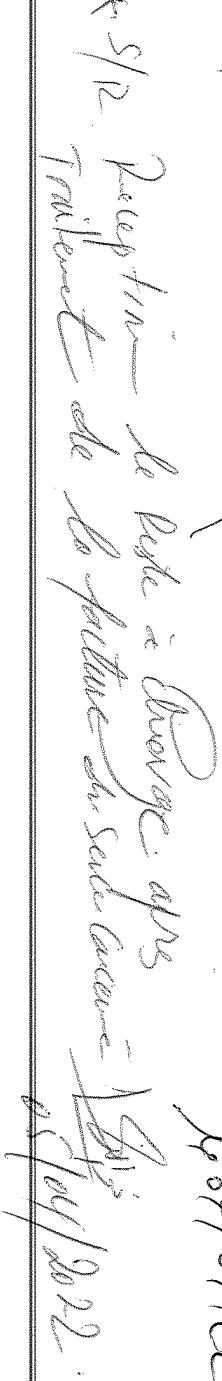


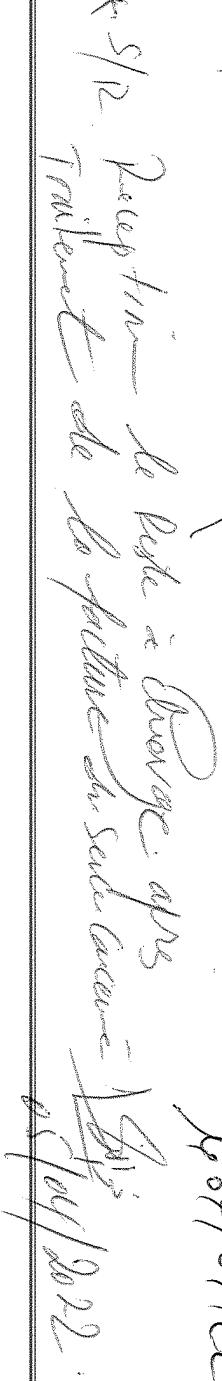


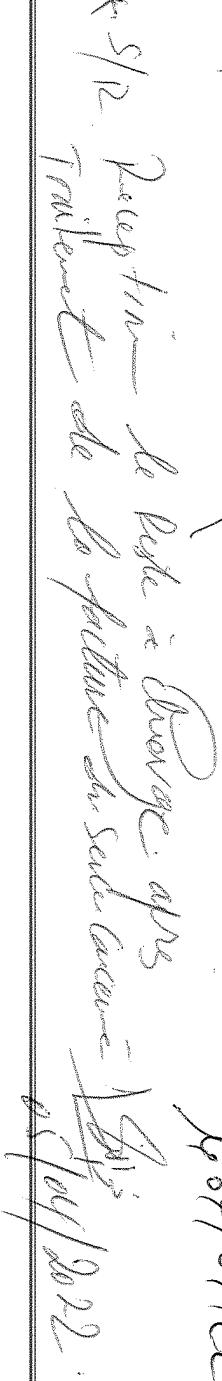


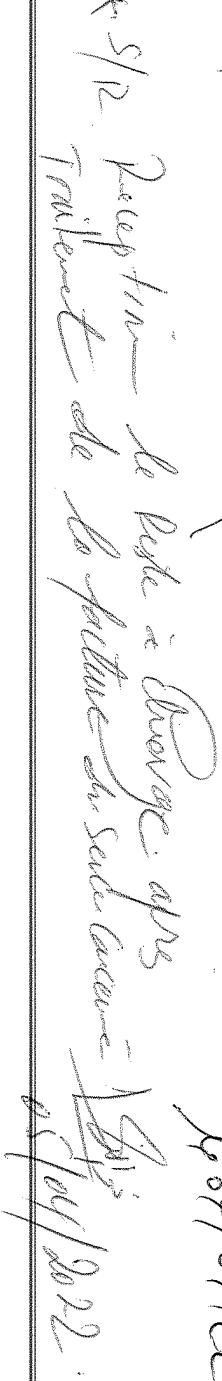


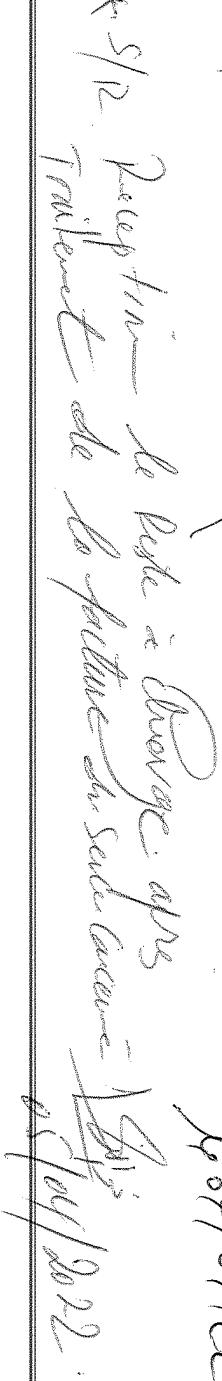


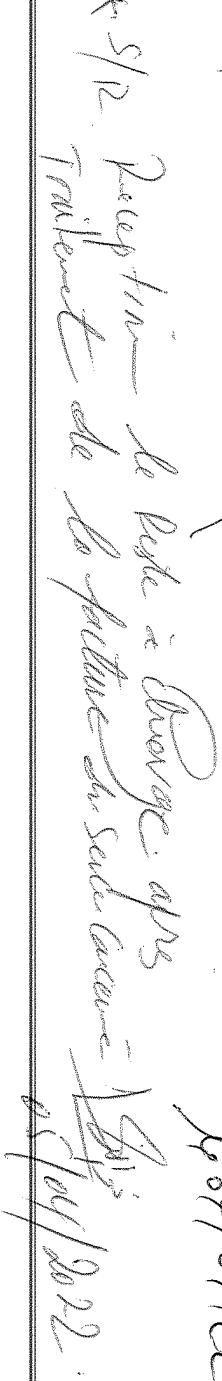


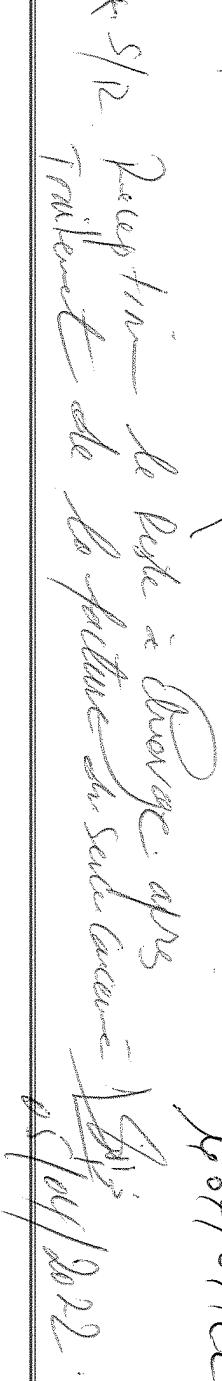


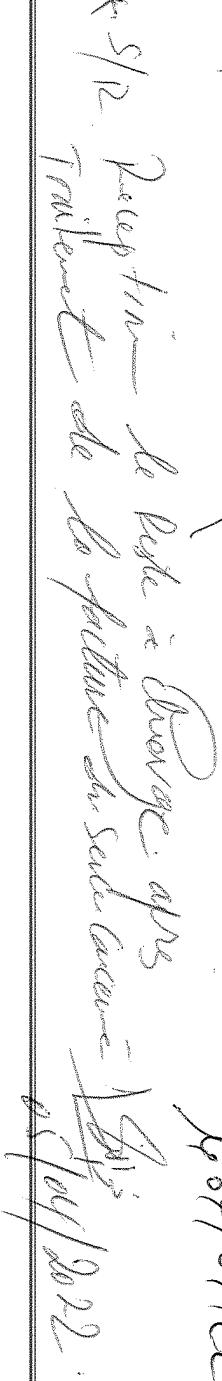


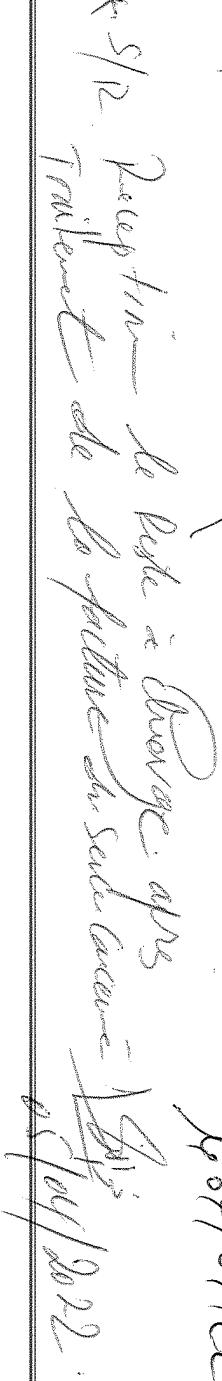


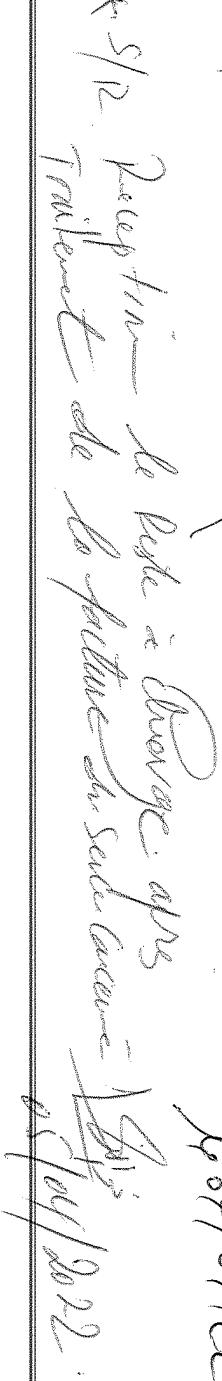


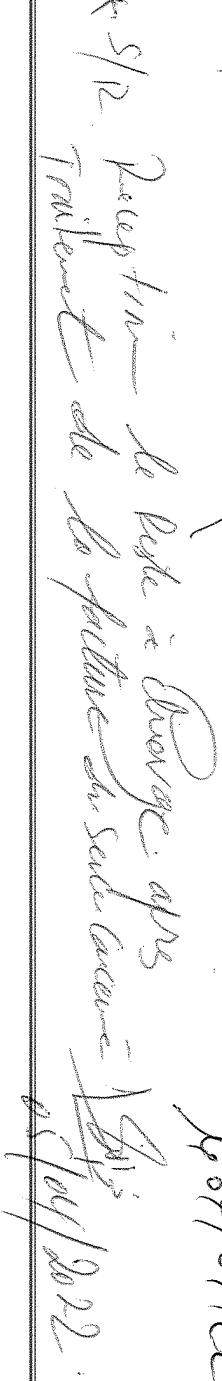


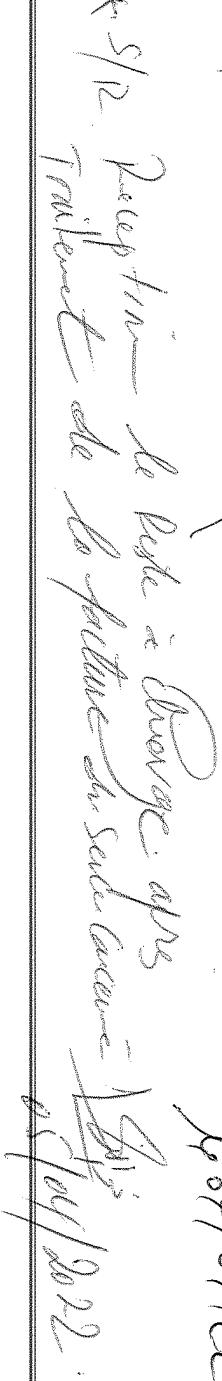


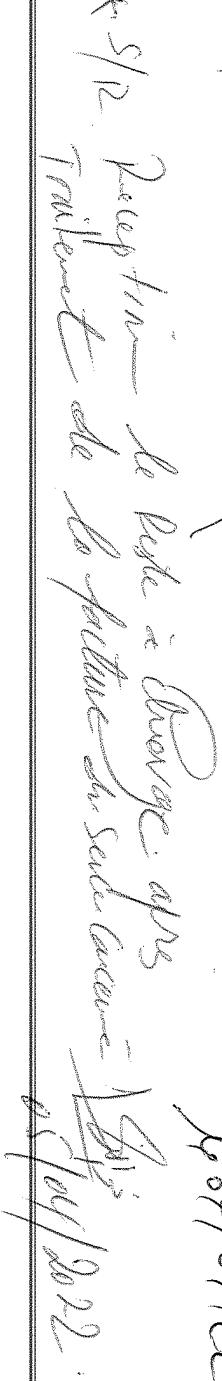


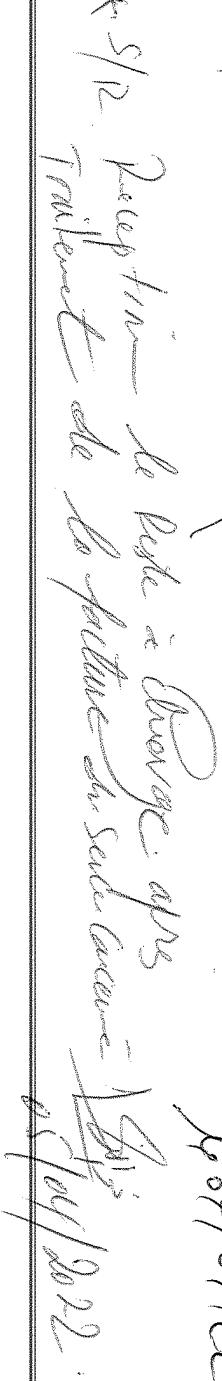


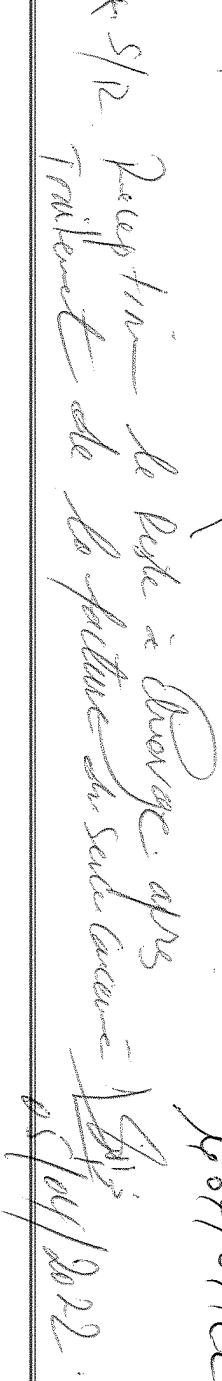


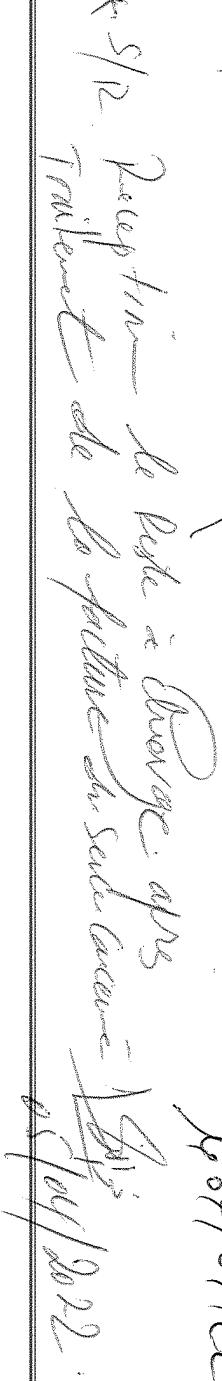


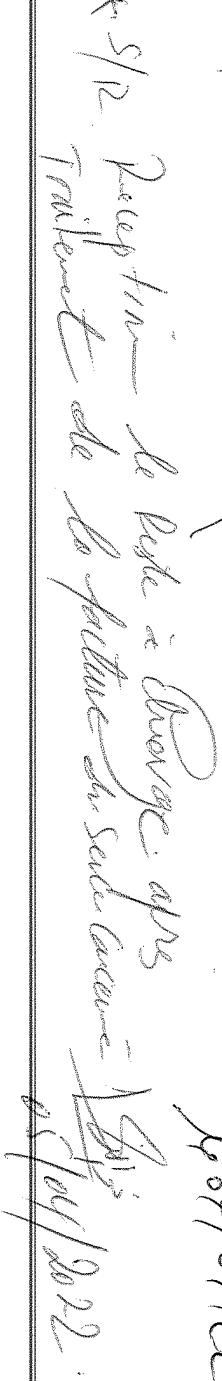


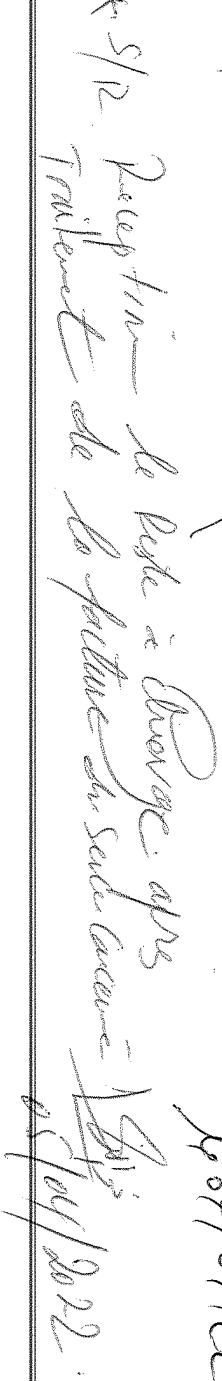


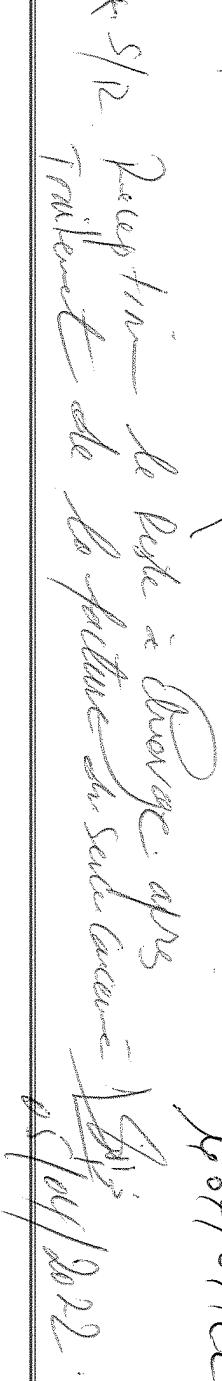


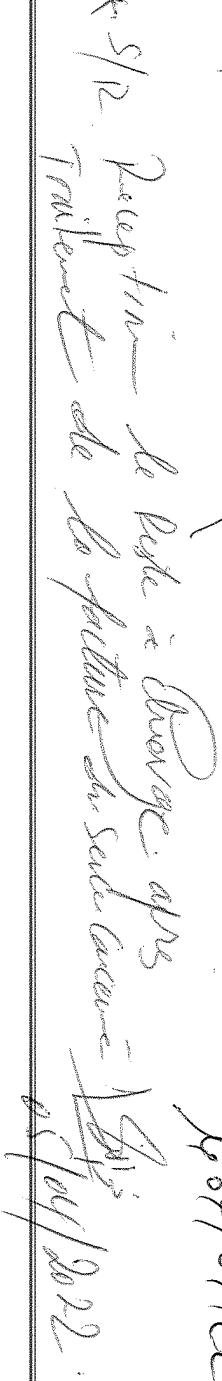


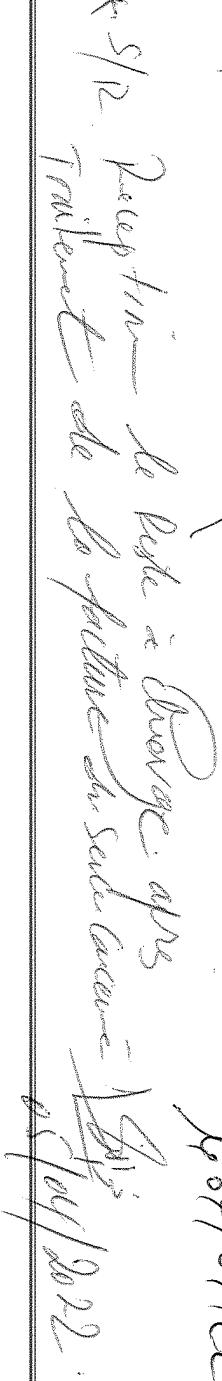


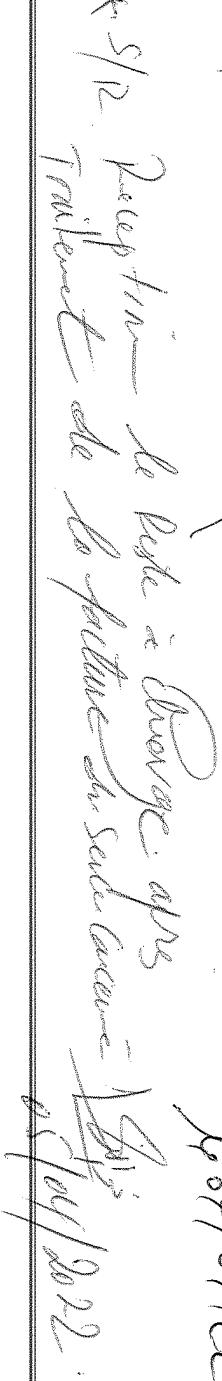


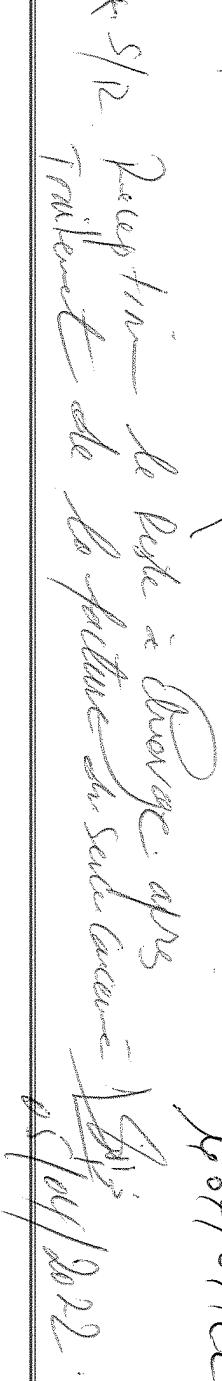


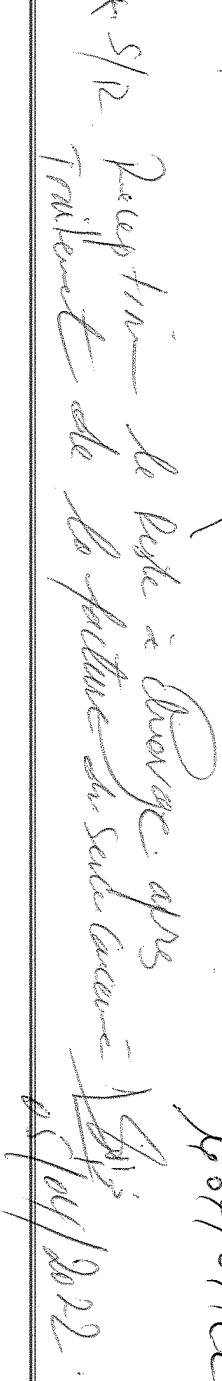


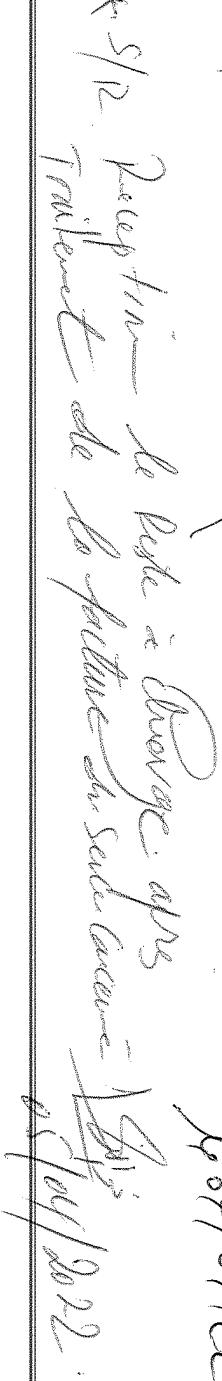


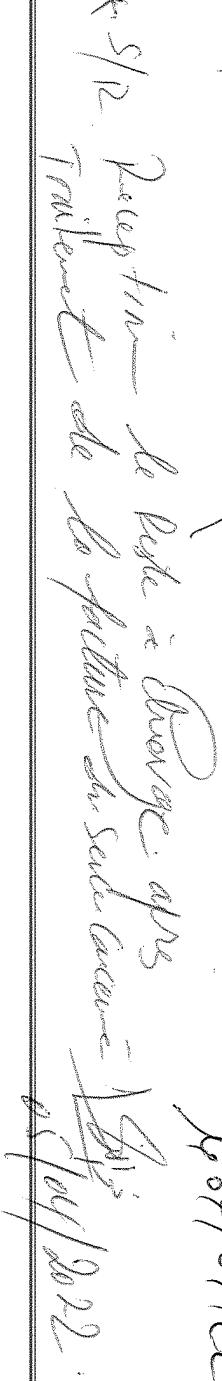


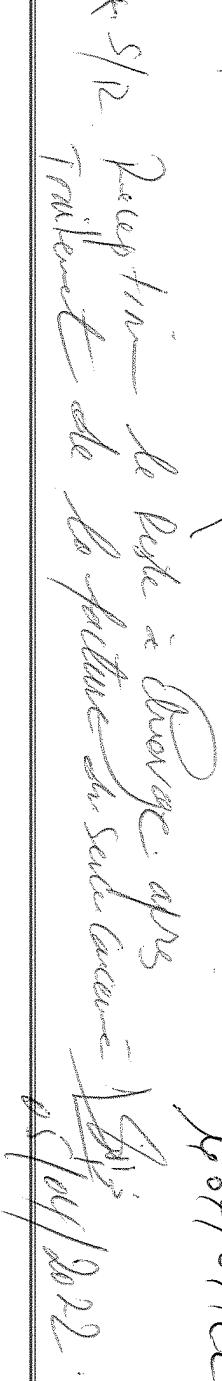


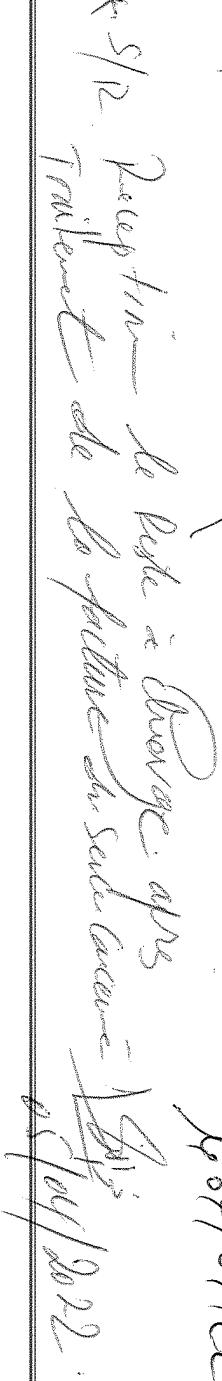


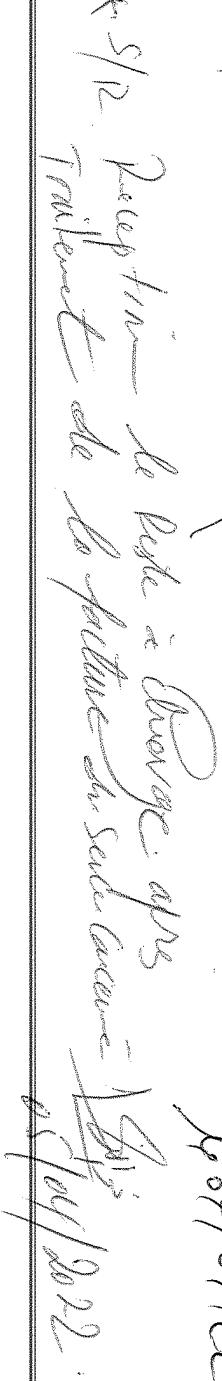


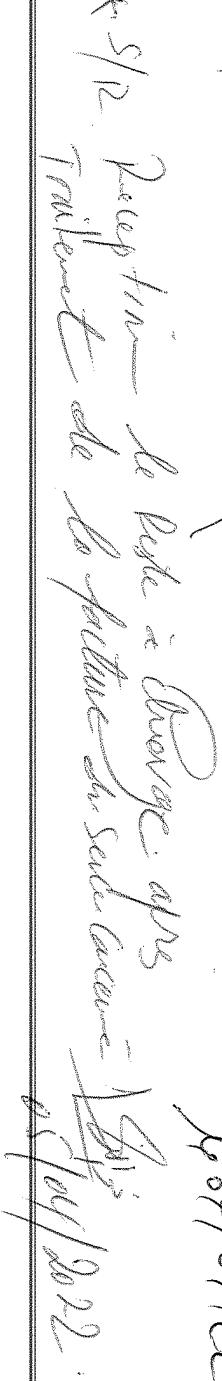


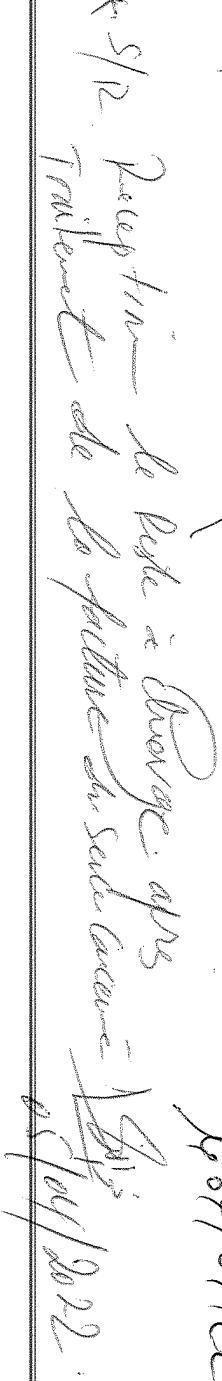


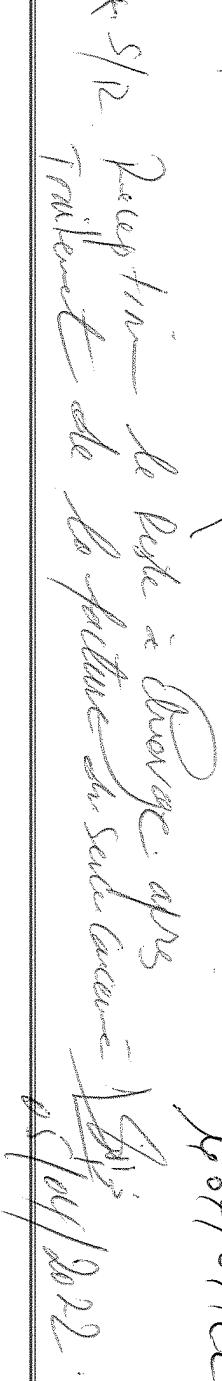


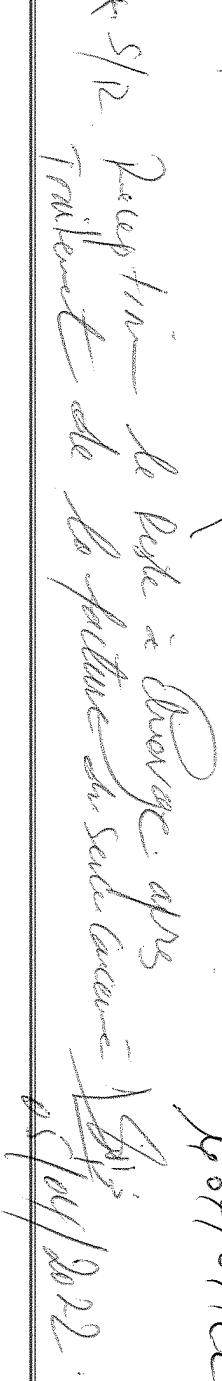


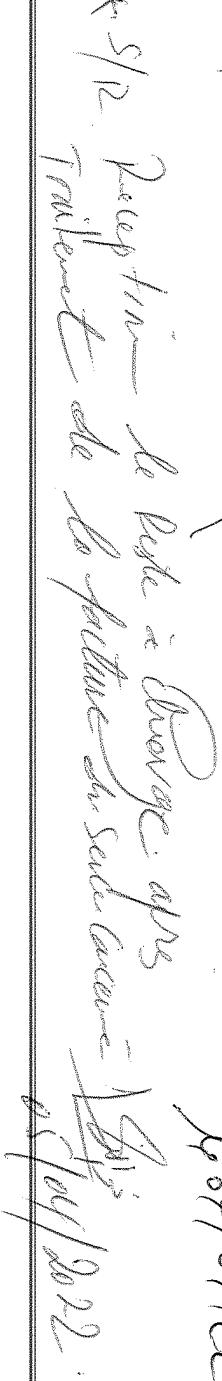


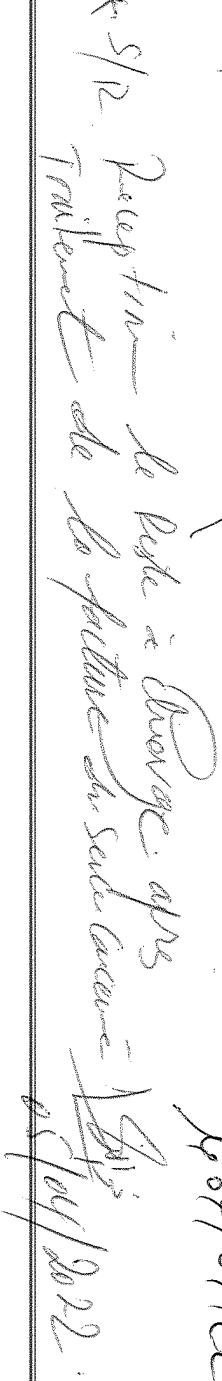


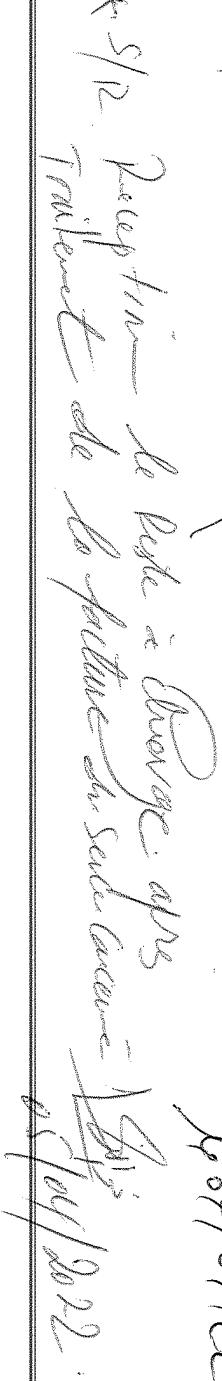


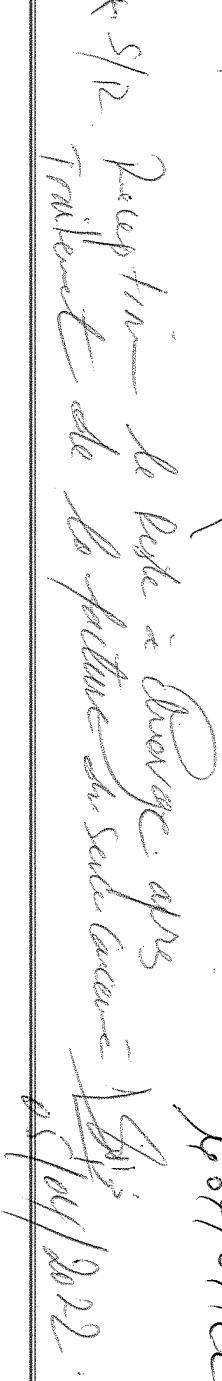


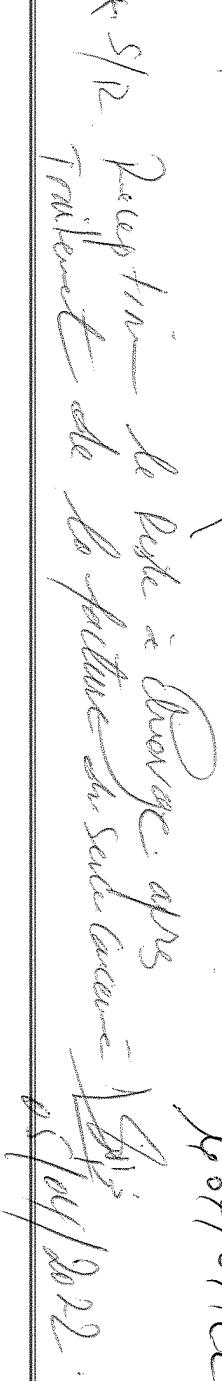


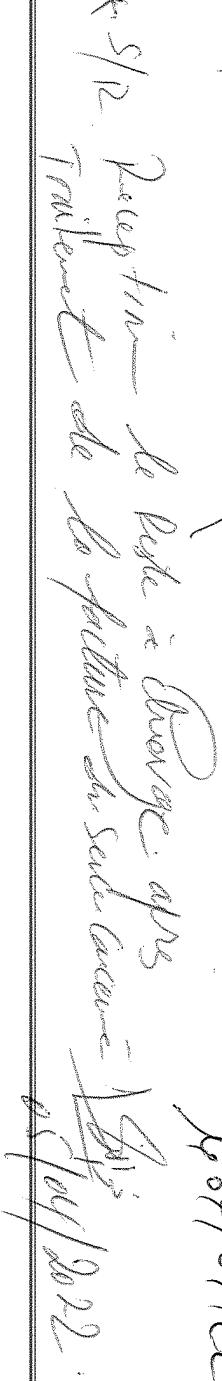


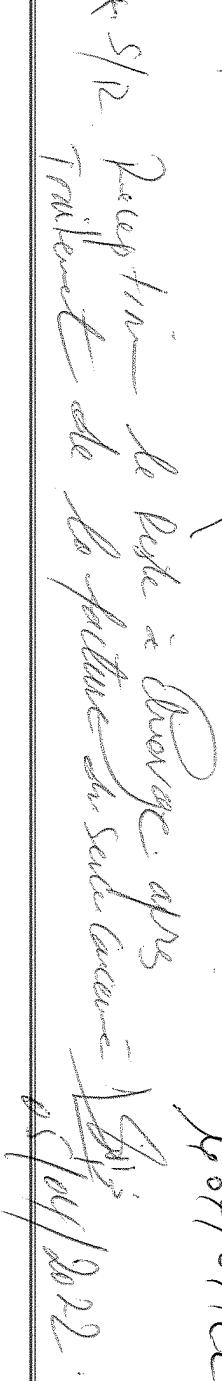


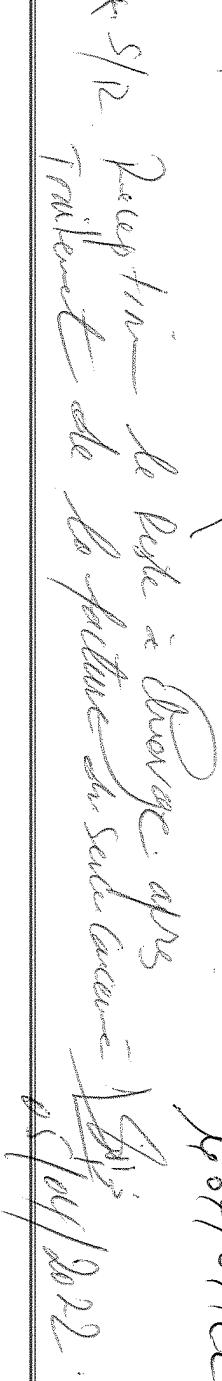


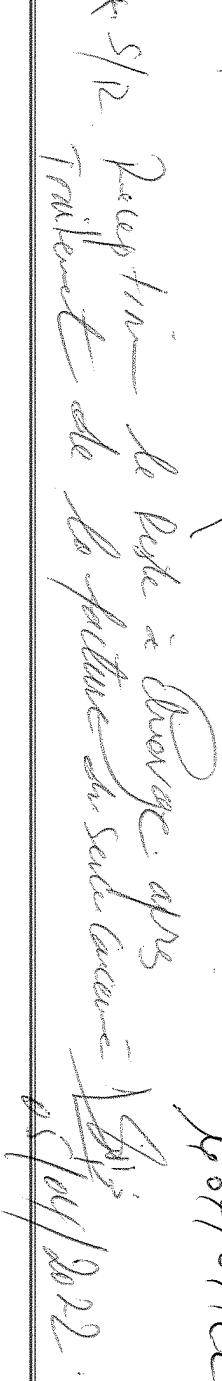


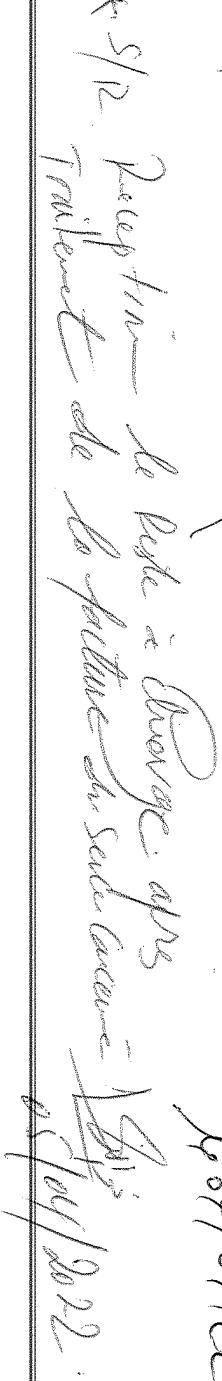


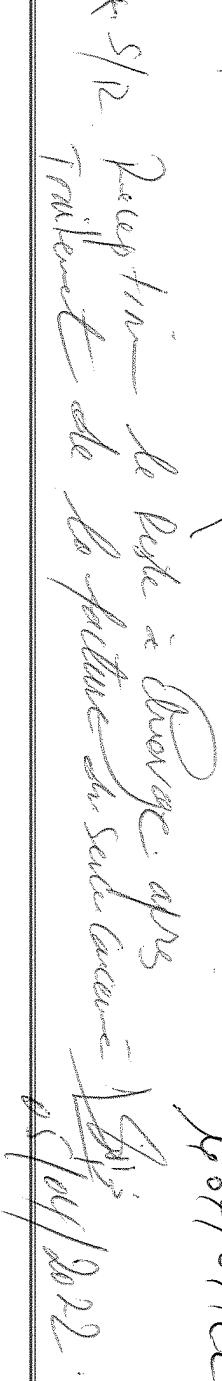


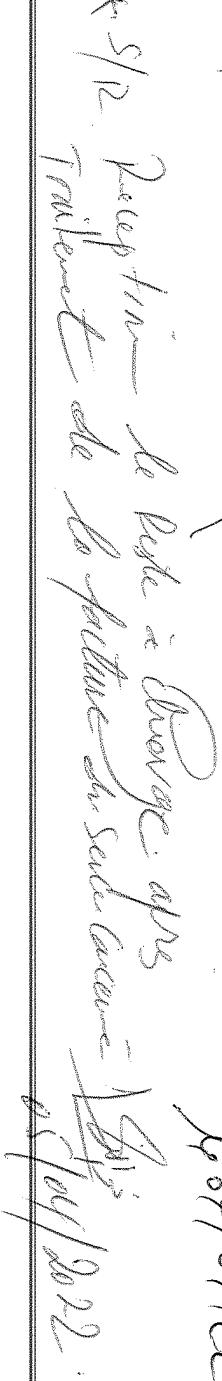




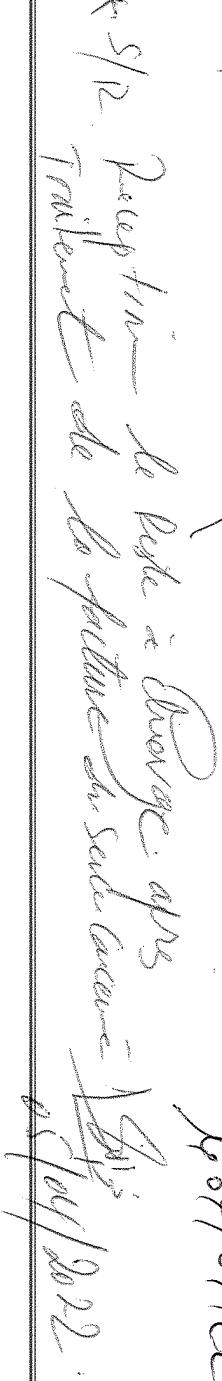


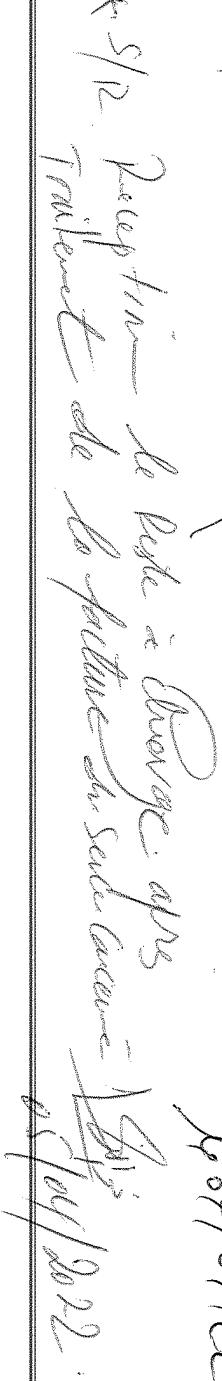


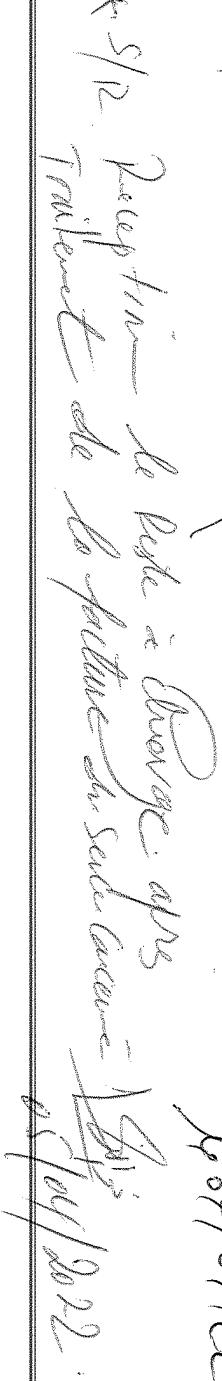


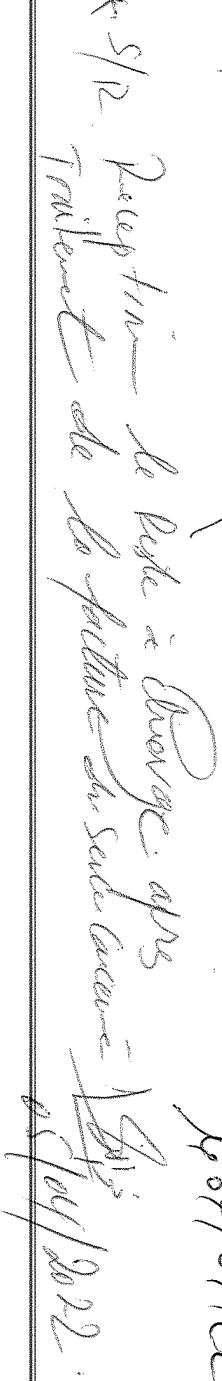


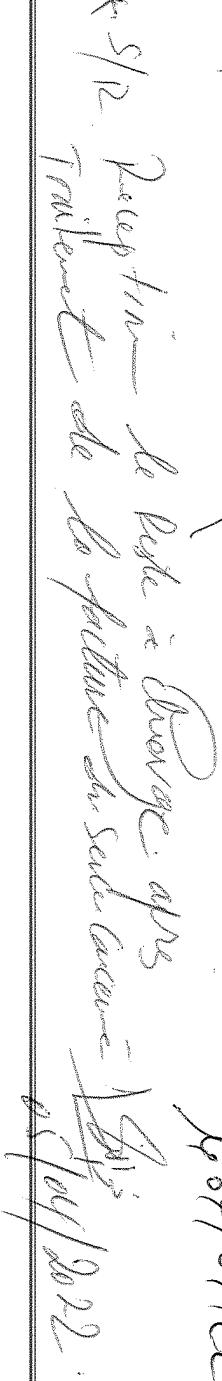


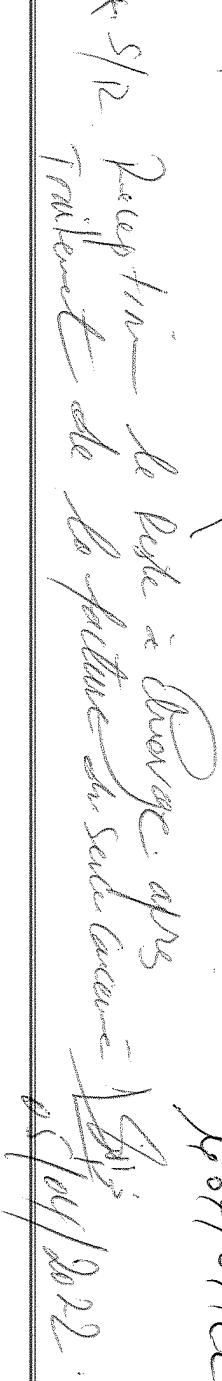


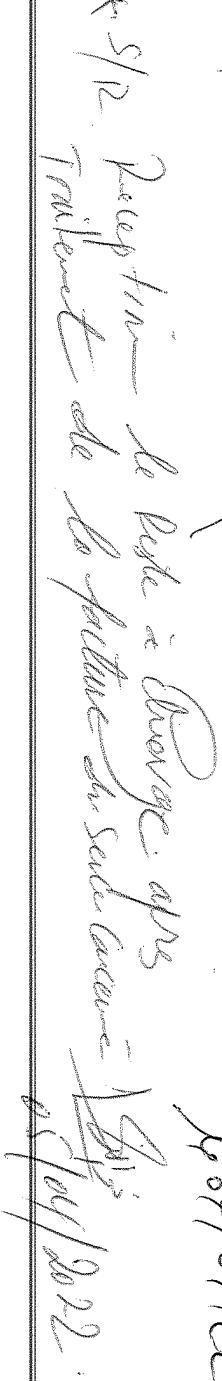


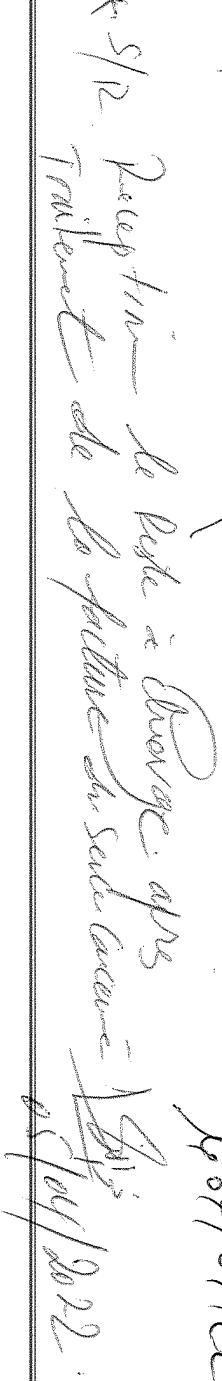


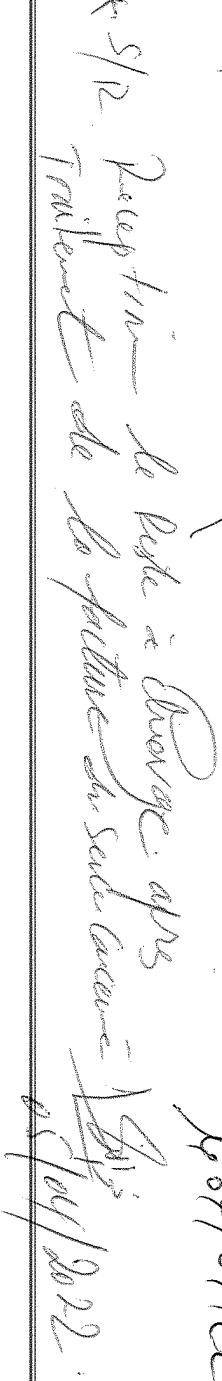


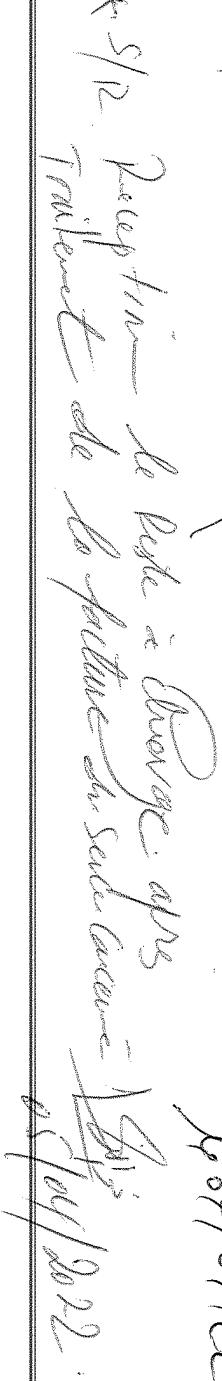


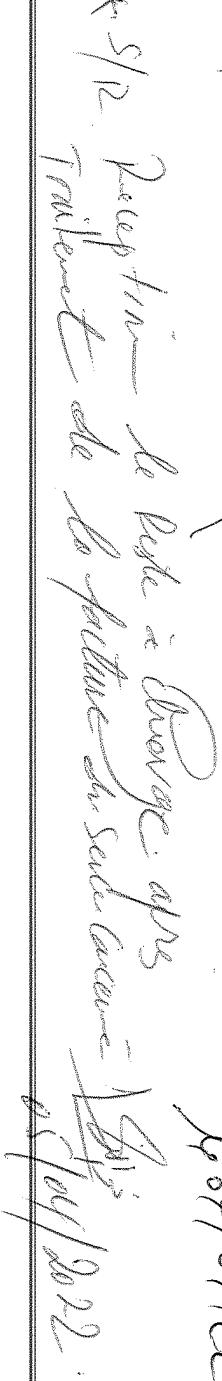


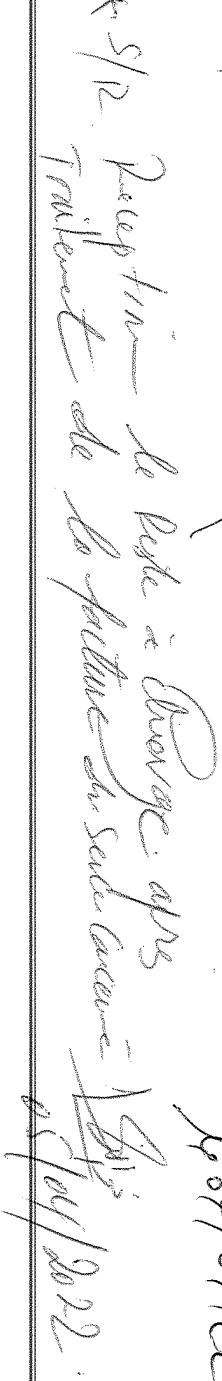


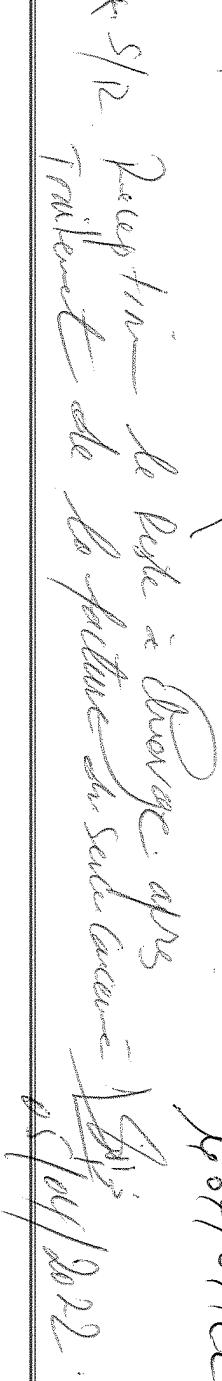


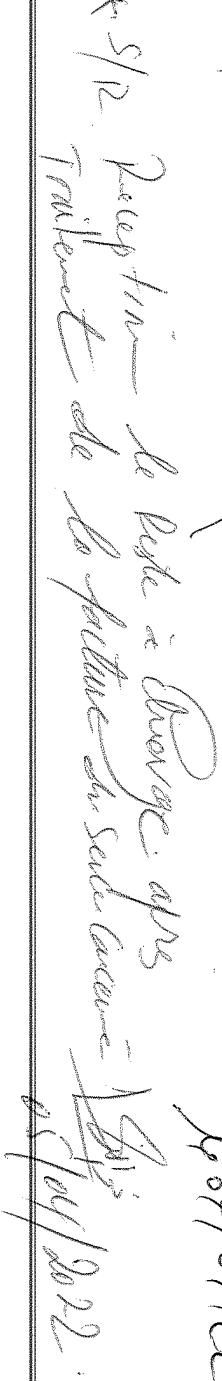


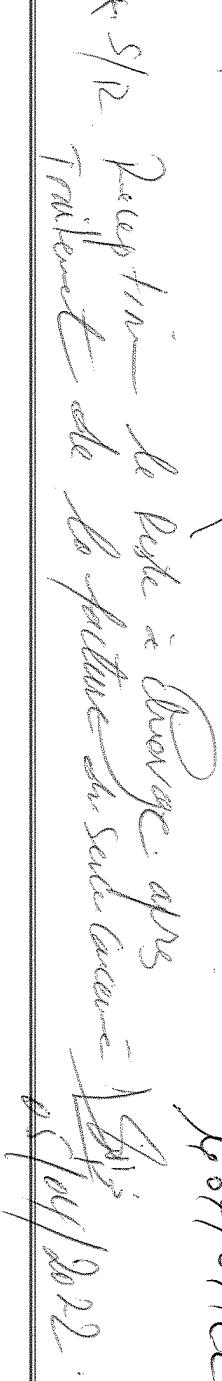


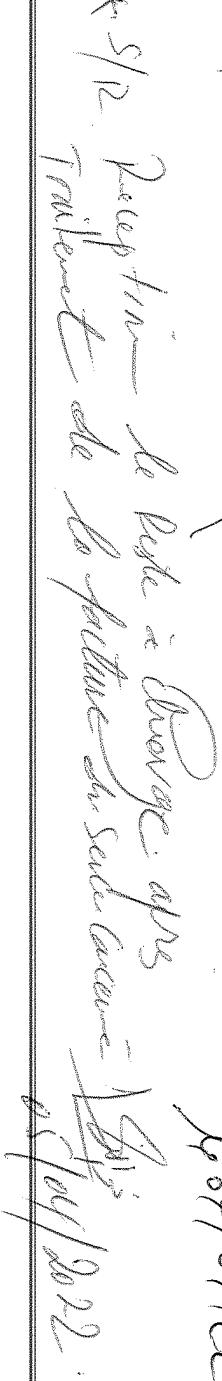


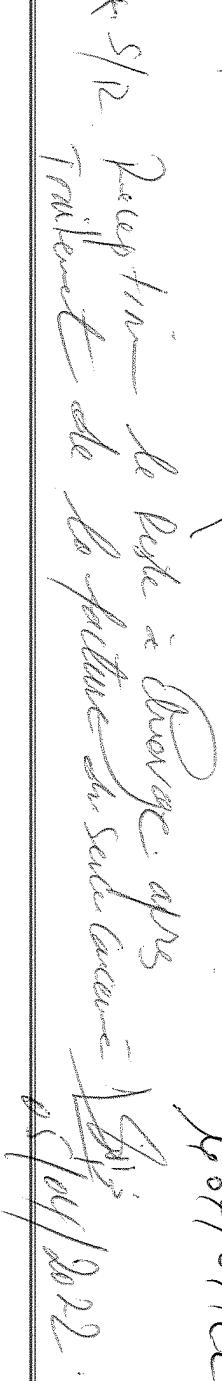


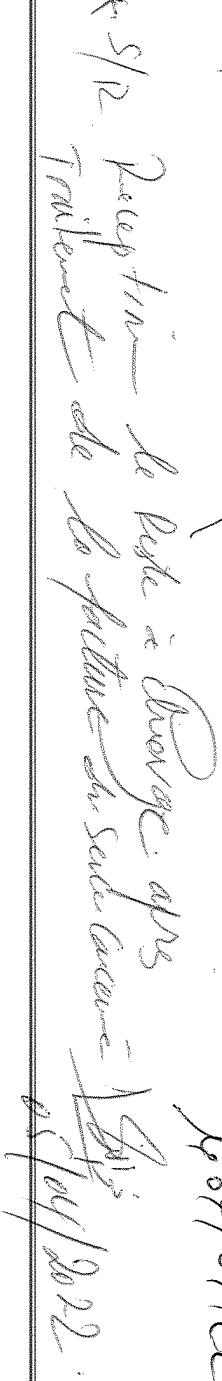


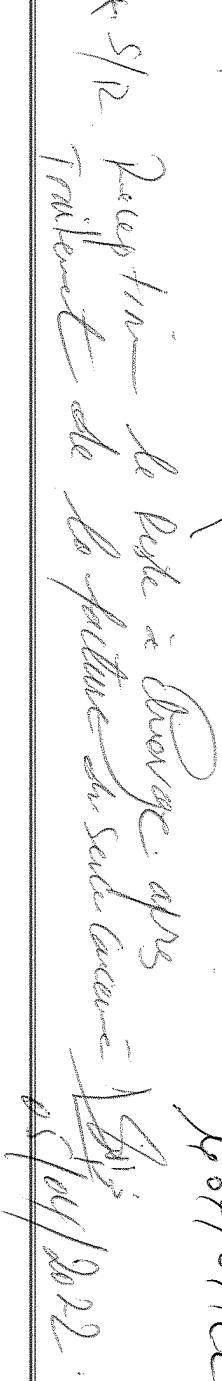


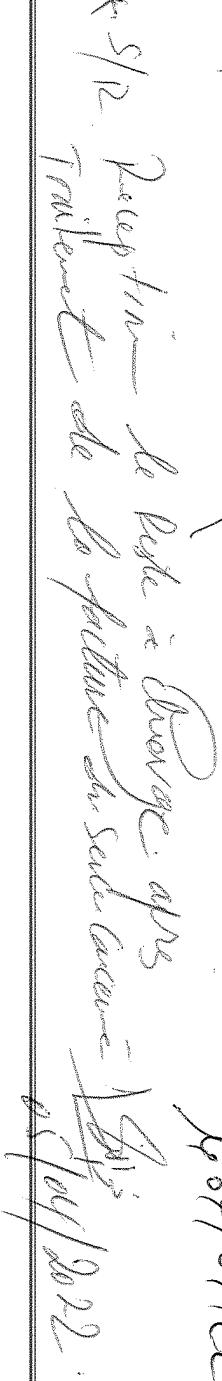


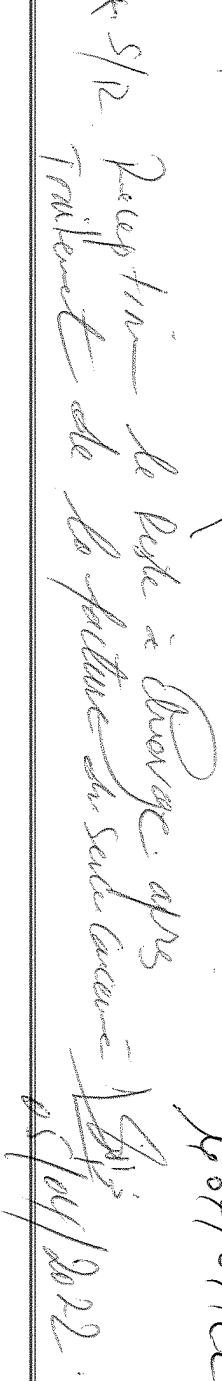


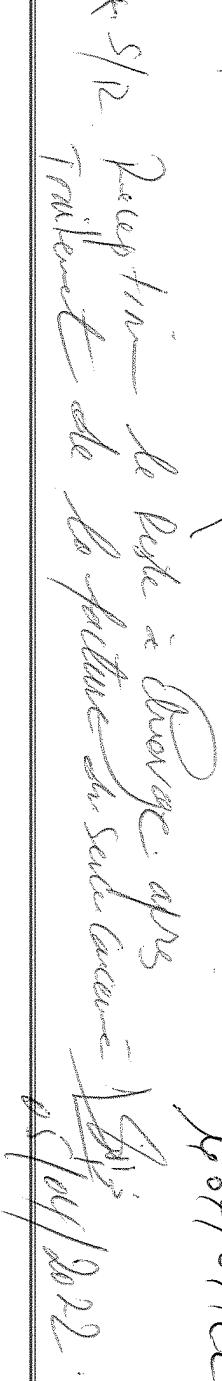


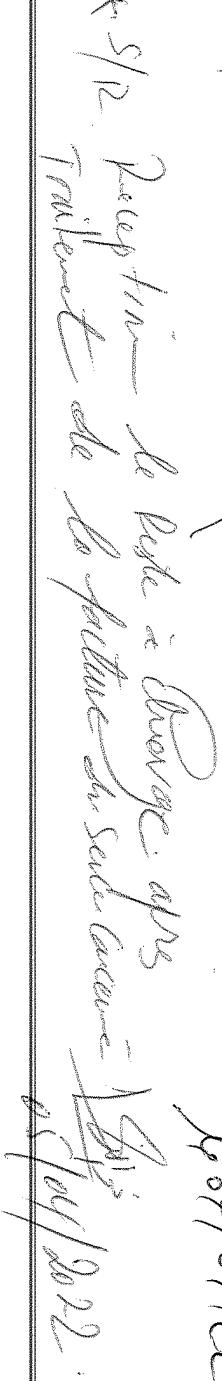


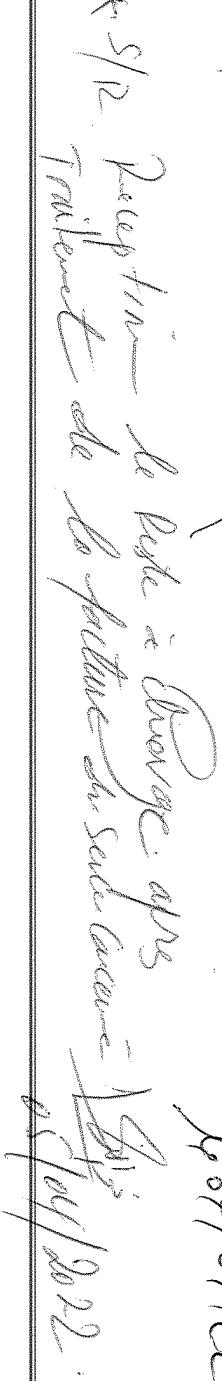


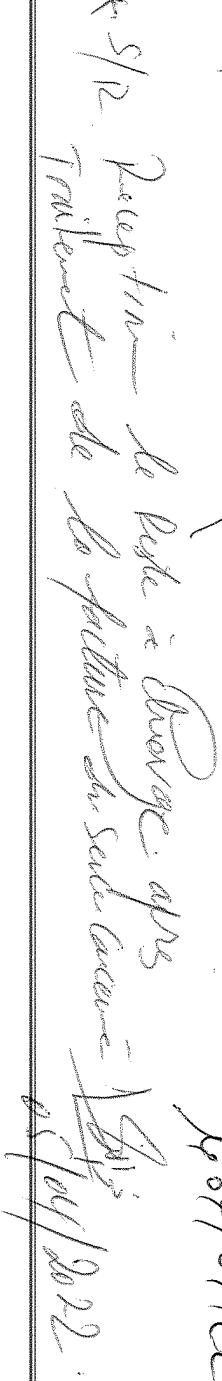


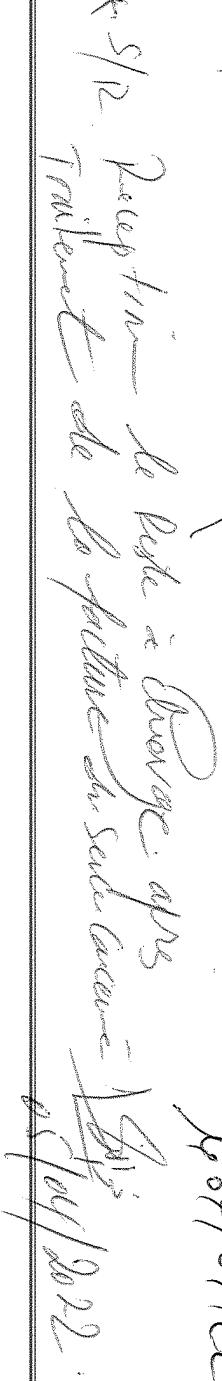


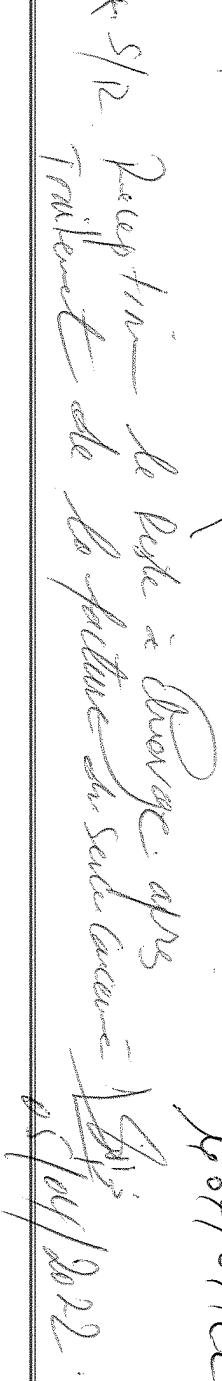


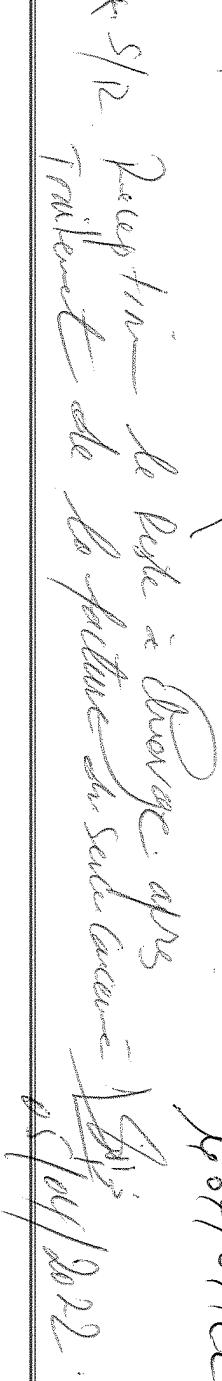


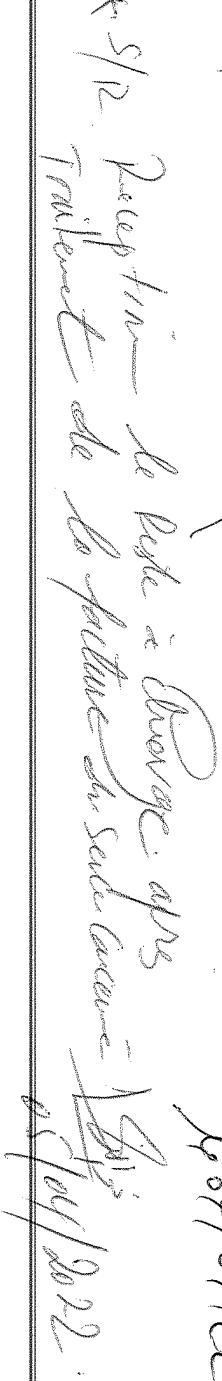


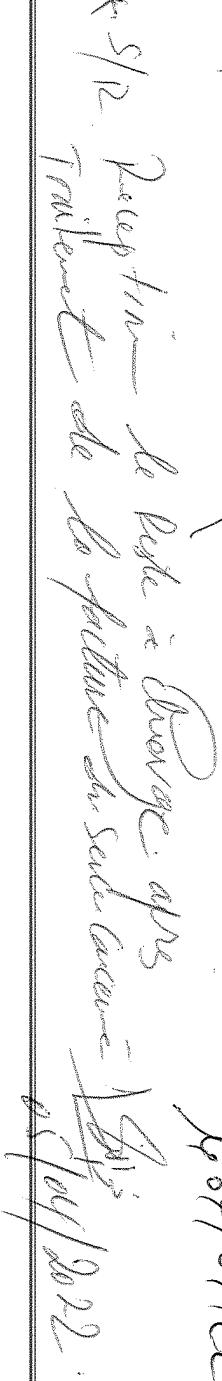


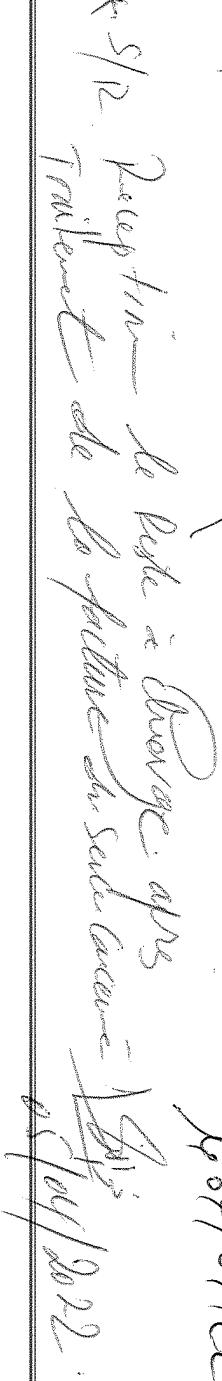












<img alt

~~SIEGE SOCIAL : 6 ème Etage, Angle Rue Allal Benabdellah et Rue Mohammed~~
~~Tél : 05-22-22-78-14/15 Fax : 05-22-22-78-18 www.mupras.com~~

~~ASSISTANTE SOCIALE
Kenza BELATIK~~

~~SIGNATURE :~~

NB : RAC est de 3600,00Dhs.

M. DABJI estime avoir une prise en charge totale sur les frais de son opération (F. Engagés 20 000,00Dhs)

M. DABJI AVAIT Porté un Procès MAKER depuis 2018 dont il nécessite un changement de boîtier.

M. DABJI BOUCHAIB Âgé de 72 Ans Retraité RAM, Père de 3 Enfants
Habitant dans un appartement à OULFA.

ENQUETE SOCIALE :

***Pension CSMR :
3448,62

3615,20

***Pension CSMR :

3448,62

Nom & Prénom	DBAJI BOUCHAIB	Matricule	2855	Nature de la maladie	Insuffisance Cardiaque
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RAPPORT ENQUETE SOCIALE

29/03/2022

DEMANDE D'AIDE SOCIALE

Je soussigne : *DABJ - Ben Chah*

Titulaire de la CIN : *B.389.909*

Matricule : *2855*

Adresse domicile : *26 Rue Neuve y Ben M'hamed 10... Hay Hassoun*

Bénéficiaire : *moi-même*

Téléphone : *06 71 83 65 71*

Email :

Motif de la demande : PEC totale Restitution du RAC Exonération cotisation

Si PEC totale : j'autorise la MUPRAS à prélever le RAC sur :

CIMR BANQUE

Je joins à ma demande les pièces justificatives de ma situation suivante :

- Copie badge ;
- Copie carte d'identité ;
- Pensions CIMR et CNSS ;
- Certificat de scolarité ;
- Divers (à préciser) :

J'atteste sur l'honneur que toutes les informations que j'ai fournies sont correctes.

Fait à : *CIMR*

Le : *25 MARS 2022* Signature : *Ben Chah*

Non responsable du contenu de la pièce
ni pour la signature ou la date de la signature
apposée

NB : En application de la loi 08-09 relative à la protection des données à caractère personnel, MUPRAS garantie la confidentialité des informations communiquées par ses bénéficiaires

202173



Le 21 mars 2022

MOROCCAN HEART INSTITUTE
780 IMPASSE MODIBO KEITA
CASA, 20000
MAROC

Objet : PRISE EN CHARGE PARTIELLE

Identifiant adhérent : 0002855_1949-07-01_BOUCHAIB

N/REF : 20220800014614

Adhérent : DABJI BOUCHAIB

Madame, Monsieur,

Nous vous informons que nous prenons en charge les frais de soins de BOUCHAIB DABJI.

Nous vous prions de noter que le restant à charge à régler directement par l'adhérent et que cette prise en charge est valable à concurrence de :

- Part Mutuelle : 16400.00 MAD
- Restant à charge adhérent : 3600.00 MAD

Validité de prise en charge : du 21-03-2022 au 21-06-2022.

Pour le règlement de votre facture, nous vous prions de bien vouloir l'adresser jointe au double de la présente à la MUPRAS :

**Centre d'affaire Allal Benabdellah. 49, Angle Rue Allal Benabdellah et Rue Mohammed Fakir
6ème Etage. Casablanca.**

Nous vous remercions d'avance pour l'aide et l'assistance que vous apporterez à BOUCHAIB DABJI.

Veuillez agréer, Messieurs, l'assurance de nos sincères salutations.

Directeur MUPRAS

CONDITIONS ET MODALITÉS :

Le règlement des factures relatives aux prises en charge est soumis aux conditions suivantes :

- La facture doit être nominative et conforme aux informations indiquées sur la prise en charge.
- Toute facture doit être accompagnée :
 - ✓ D'une copie de la présente prise en charge,
 - ✓ Des notes d'honoraires des praticiens,
 - ✓ Du compte rendu et des justificatifs des actes pratiqués,
 - ✓ Du détail de la pharmacie, radiologie et biologie (sous pli fermé).
- Toute facture doit être obligatoirement signée par notre adhérent.
- Toute facture doit comporter l'IF, l'ICE et le RIB (24 chiffres) du prestataire.



شهادة الاستفادة من معاش

Attestation de bénéfice d'une pension

قطب التغويضات

Pôle Prestations

مديرية التغويضات العائلية والاجتماعية

Direction des Prestations

Familiales et Sociales

Attestation n° :

B20220000155696

شهادة رقم :

يشهد المدير العام للصندوق الوطني للضمان الاجتماعي أن (1) :

Le Directeur Général de la Caisse Nationale de Sécurité Sociale (1) atteste que :

Madame / Monsieur :

DABJI BOUCHAIB

السيد (ه) :

Titulaire de la CNI N° (2) :

B389908

الحامل (ه) للبطاقة الوطنية للتعريف رقم (2) :

Immatriculé(e) à la CNSS sous le numéro :

192203919

المسجل (ه) بالصندوق الوطني للضمان الاجتماعي تحت رقم :

Perçoit une pension de (3) :

Pension de vieillesse

(ه) يتقاضى معاش (3) :

à compter de :

01/07/2009

ابتداء من :

Dont le montant est détaillé comme suit (en Dirham) :

	Mensuel	الشهري	Trimestriel	الدوري	Annuel (4)	السنوي	المبلغ الخام
Montant Brut		3615.2		10845.6		43382.4	اقطاع اشتراكات التأمين الإجباري عن المرض
Prélèvement des cotisations AMO		0.0		0.0		0.0	اقطاعات الضريبية عن الدخل
Prélèvement de l'IR		0.0		0.0		0.0	المبلغ الصافي
Montant Net		3615.2		10845.6		43382.4	

ليس مشمول (5) بنظام التأمين الإجباري الأساسي عن المرض المدير من قبل الصندوق الوطني للضمان الاجتماعي و ذلك للسبب التالي :

N'est pas couvert (e) de l'assurance maladie obligatoire de base gérée par la CNSS pour le motif suivant : - صاحب(ة) معاش مشمول(ة) بنظام تأمين عن المرض مدبرة من قبل مؤسسات أخرى (8).

- Pensionné(e) couvert(e) d'une assurance maladie auprès d'un autre organisme (8).

وقد سلمت هذه الشهادة ، للمعنى (ه) بالأمر بناء على طلبه (ه) فقد الإلقاء بها عند الإقتساء .

La présente attestation est délivrée à intéressé(e) , sur sa demande , pour servir et valoir ce que de droit , " Sous réserve de toute erreur ou omission ou en cas de service indûment de prestations ou suite à toutes modifications opérées ultérieurement à l'occasion des vérifications ou contrôles effectués par les services de la CNSS , selon la réglementation et les procédures en vigueur" .

مع جميع التحفظات المتعلقة بالخطأ أو التسخن أو الاستفادة من تعويضات بدون حق أو التعديلات التي يمكن إجراؤها لاحقاً في إطار عمليات المراجعة أو المراقبة التي تقوم بها مصالح الضمان الاجتماعي وفقاً للقوانين والมาstricts المعمول بها .

سلمت هذه الشهادة من طرف الصندوق الوطني للضمان الاجتماعي ، عبر بوابة المؤمن له :

https://www.cnss.ma/Portail_cnss/

Cette attestation a été délivrée par la CNSS , en ligne , via le portail Assuré :

https://www.cnss.ma/Portail_cnss/

Le (en chiffres): 2 1 8 | 0 1 3 | 2 1 0 | 2 1 2 | في (بالأرقام):

(en lettres): Vingt huit mars deux milles vingt deux (بالحروف):

Pour vérifier l'authenticité de la présente attestation et son contenu , veuillez visiter le site Web: www.cnss.ma , Rubrique (Services en ligne Vérification de l'authenticité des attestations) en renseignant le numéro de référence de l'attestation affiché en haut.عن بعد التحقق من صحة هذه الشهادة و مضمونها ، يرجى زيارة الموقع الإلكتروني: www.cnss.ma : فقرة (خدمات

(1) Ou son représentant . (2) Ou N° Passeport / N° Carte Résidence (3) Type de pension conformément aux dispositions du Dahir n° 1.72.184 du 15 Jourmada II 1392(27 juillet 1972) instituant le régime de sécurité sociale tel qu'il a été modifié et complété (articles 43,53 et 57) (4) Année en cours (5) Selon la loi 65-00 portant code de la couverture médicale de base gérée par la Caisse Nationale de Sécurité Sociale . (6) En application des dispositions de l'article 2 portant code de la couverture médicale de base . (7) En application des dispositions de l'article 3 du décret n° 2-05-734 du 11 jourmada II 1426/18 (8) En application des dispositions de l'article 3 du décret n° 2-05-734 du 11 jourmada II 1426/18 (9) En application des dispositions Article 114 de loi n° 65-00 régissant , entre autres , les pensionnés bénéficiant d'une couverture médicale de base autre que l'AMO .

Les traitements des données individuelles sont conformes à la loi 09-08 relative à la protection des personnes physiques à l'égard des traitements des données à caractère personnel .

(10) و من يفوض له ذلك . (11) أو رقم جواز السفر / رقم بطاقة الإئتمان (12) عية المشاش المقادمة لمقتضيات التظير رقم 1.72.184 المورخ في 15 جمادى الثانية 1392 الموافق 27 يونيو 1972 المنظم بالدستور . (13) عية المشاش المقادمة لمقتضيات التظير رقم 1.72.184 المورخ في 15 جمادى الثانية 1392 الموافق 27 يونيو 1972 المنظم بالدستور . (14) عية المشاش المقادمة لمقتضيات التظير رقم 1.72.184 المورخ في 15 جمادى الثانية 1392 الموافق 27 يونيو 1972 المنظم بالدستور . (15) طبقاً لمقتضيات الفصل 2 من القانون 65-00 بمقتضى مدونة التقاطعية الصحفية الأساسية . (16) طبقاً لمقتضيات الفصل 3 من المرسوم رقم 02-05-734 الصادر في 11 جمادى الثالثة 1426 الموافق 18 يونيو 2005 المنظم بالدستور . (17) طبقاً لمقتضيات الفصل 3 من المرسوم رقم 02-05-734 الصادر في 11 جمادى الثالثة 1426 الموافق 18 يونيو 2005 المنظم بالدستور . (18) طبقاً لمقتضيات الفصل 114 للقانون 65-00 بمقتضى مدونة التقاطعية الصحفية الأساسية و الذي يتعلق بالاصحاح المعمليات الذين يستثنون من التغطية الصحفية الأساسية غير المبرأة من قبل الصندوق الوطني للضمان الاجتماعي .

تم معالجة المعلومات الخاصة طبقاً لمقتضيات القانون 09-08 المتعلق بحماية الأشخاص الذاتيين اتجاه معالجة المعلومات ذات الطابع الشخصي .

للتواصل معنا : اتصلوا بمركز الوباء 00 72 00 200 080 33 33 أو 080 200 72 00 ارسلوا عن طريق الرابط : <https://www.cnss.ma/ar/echange>Appelez le centre d'appel Allo Daman au : 080 203 33 33 ou 080 200 72 00 Ou écrivez nous sur l'adresse suivante : <https://www.cnss.ma/fr/echange>

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CASABLANCA, LE 28/03/2022

DABJI BOUCHAIB

HAY EL MERS RTE MY THAMI ETG 3
APPT 5 N°20 MAZOLA HAY HASSANI
CASABLANCA
MAROC

ATTESTATION

=====

Nous soussignés, CAISSE INTERPROFESSIONNELLE MAROCAINE DE RETRAITES.
certifions que :

MONSIEUR DABJI BOUCHAIB

allocataire n° 115473

perçoit une pension dont le montant brut mensuel s'élève à

**DH. 3.448,62
TROIS MILLE QUATRE CENT QUARANTE HUIT DIRHAMS 62**

Fait pour servir et valoir ce que de droit.

La C.I.M.R.



Siège social

100, boulevard Abdelmoumen - 20340 Casablanca
Tél : 05 22 424 888
www.cimr.ma - www.cimrpro.ma

المقر الاجتماعي

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