

SOINS ET PROTHESES DENTAIRES

Le praticien est prié de présenter la dent traitée, l'acte pratiqué et indiquer la nature des soins.

Veuillez fournir une facture

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	
<img alt="Diagram of upper teeth showing treatment areas labeled with numbers 11-21, 22-28, 31-33, 34-48, 49-53, 54-58, 59-63, 64-68, 69-73, 74-78, 79-83, 84-88, 89-93, 94-98, 99-103, 104-108, 109-113, 114-118, 119-123, 124-128, 129-133, 134-138, 139-143, 144-148, 149-153, 154-158, 159-163, 164-168, 169-173, 174-178, 179-183, 184-188, 189-193, 194-198, 199-203, 204-208, 209-213, 214-218, 219-223, 224-228, 229-233, 234-238, 239-243, 244-248, 249-253, 254-258, 259-263, 264-268, 269-273, 274-278, 279-283, 284-288, 289-293, 294-298, 299-303, 304-308, 309-313, 314-318, 319-323, 324-328, 329-333, 334-338, 339-343, 344-348, 349-353, 354-358, 359-363, 364-368, 369-373, 374-378, 379-383, 384-388, 389-393, 394-398, 399-403, 404-408, 409-413, 414-418, 419-423, 424-428, 429-433, 434-438, 439-443, 444-448, 449-453, 454-458, 459-463, 464-468, 469-473, 474-478, 479-483, 484-488, 489-493, 494-498, 499-503, 504-508, 509-513, 514-518, 519-523, 524-528, 529-533, 534-538, 539-543, 544-548, 549-553, 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POLYCLINIQUE C.N.S.S - Derb Ghallef

Rue de la Sécurité Sociale Quartier des Hôpitaux

20100 CASABLANCA

Tél:0522-863021/27 Fax:0522-864205 RDV:0522-863020

INPE: 090001512 ICE: 001757364000080 IF: 1602058



N° IPP : 512842 N° SEJOUR : 190035976

FACTURE N° 1905024715

DATE D'ENTREE : 01/06/2019 DATE DE SORTIE : 01/06/2019

ASSURE :

DESTINATAIRE :

MALADE : ADNANI,Amina

ADNANI,Amina

NOM JEUNE FILLE :

TIERS PAYANT 1 :

TIERS PAYANT 2 :

REF. PC 1 :

REF. PC 2 :

UF: 5002 URGENCES

N° IMMAT C.N.S.S :

N° D'ADHERENT OU DE MUTUALISTE :

N° SE. SOC. ETRANG. :

NATURE DE PRESTATION	LETTRE CLE	NOMBRE x COEF	PRIX UNITAIRE	TOTAL	TIERS PAYANT 1		TIERS PAYANT 2		PART DU MALADE	
					% / Dh	MONTANT	% / Dh	MONTANT	% / Dh	MONTANT
CONSULTATION DE MEDECIN. CONSULTATION GENERALISTE (NUIT ET JOUR F)	CN	1.00	120.00	120.00					0.00	120.00
ACTES INFIRMIERS ET AUXILIAIRES PARAMEDICAUX ACTES PRATIQUES PAR L'INFIRMIER	AMI	1.00	7.50	7.50					0.00	7.50
PRODUITS PHARMACEUTIQUES				17.58					0.00	17.58
FOURNITURES MEDICALES				4.80					0.00	4.80

Intervenant : 1012013 DR YAQOUBI SOUSSANE YOUSSEF (GÉNÉRALISTE)	TOTAUX :	149.88							149.88
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Arrêtée la présente facture à la somme de :

CENT QUARANTE NEUF DHS ET QUATRE-VINGT HUIT CENTIMES

PLAFOND PC :				ACOMPTE:	
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REMISE: 0.00	REGLE:			AVOIR:	
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RESTE DU: 149.88	
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DATE FACTURE : 01/06/2019 EDITEE LE : 01/06/2019 PAR: BAKHRI

ACCIDENT DE TRAVAIL :

DATE AT :

VISA

N° DE POLICE :

REGLEMENT à effectuer à l'ordre de :

POLYCLINIQUE C.N.S.S - Derb Ghallef

BANQUE :

BMCE - AGENCE MOULAY DRISS 1ER - CASABLANCA

N° compte bancaire :

011 780 0000 70 210 00 60 028 31



المملكة المغربية
Royaume du Maroc



LOT 190093 1
EXP 01 2021
PPV 15.00



مصحة
POLYCLINIQUE



درب غلب
DERB GHALLEF



PHARMACIE LAMJAMA
Zemmama - Résidence Farajia
Casablanca - Tél. 0522 86 30 20 à 27

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(4945*)

13133

C61 hex



1500

2022673

16840

Laedj



Dr. Youssef YAQOUBI
Medecin Généraliste

زنقة الضمان - درب غلب - الدار البيضاء - الهاتف 20 05 إلى 27 - فاكس : 05 22 86 42 05
Rue Addamane - Derb Ghallef - Casablanca - Tél.: 0522 86 30 20 à 27 - Fax: 05 22 86 42 05