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

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

Autorisation CNDP N° : A-A-215/2019

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

Déclaration de Maladie

Nº W21-806945 167743

☒ Maladie ☐ Dentaire ☐ Optique ☐ Autres

Cadre réservé à l'adhérent (e)

Matricule : 31183 Société :

☐ Actif ☒ Pensionné(e) ☐ Autre :

Nom & Prénom : EL AMRANI JOUTEY Abdellah

Date de naissance : 1/12/1953

Adresse : VILLA 7 lotissement TOURIA BOUSKOURA CENTR CASBLANCA

Tél. 0661525001 Total des frais engagés : 17,67 $ Dhs

Cadre réservé au Médecin

Cachet du médecin :

MUPRAS 10 JUIL. 2023 ACCUEIL

Date de consultation : / /

Nom et prénom du malade : Age :

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

Nature de la maladie :

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 : Casa **Le :** 6 / 7 / 2023

Signature de l'adhérent(e) :

RELEVE DES FRAIS ET HONORAIRES

Dates des Actes	Natures des Actes	Nombre et Cœfficient	Montant détaillé des Honoraires	Cachet et signature du Médecin attestant le Paiement des Actes
				INP : ||||||||||

EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
RITE AID	6/3/2023	17,67$

ANALYSES - RADIOGRAPHIES

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

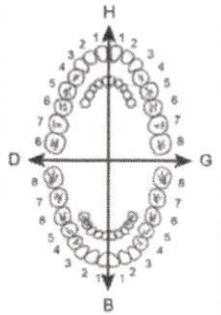
AUXILIAIRES MEDICAUX

Cachet et signature du Particien	Date des Soins	Nombre				Montant détaillé des Honoraires
		AM	PC	IM	IV	

VOLET ADHERENT

*** Il est entendu que le réglement est conditionné par la fourniture de tous les justificatifs exigés par la Mutuelle.**

[redacted]

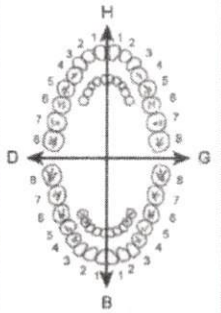


MONTANTS DES SOINS

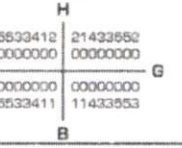
DEBUT D'EXECUTION

FIN D'EXECUTION

O.D.F
PROTHESES DENTAIRES



DETERMINATION DU CŒFFICIENT MASTICATOIRE



(Création, remont, adjonction)
Fonctionnel, Thérapeutique, nécessaire à la profession

CŒFFICIENT DES TRAVAUX

MONTANTS DES SOINS

DATE DU DEVIS

DATE DE L'EXECUTION

VISA ET CACHET DU PRATICIEN ATTESTANT LE DEVIS

VISA ET CACHET DU PRATICIEN ATTESTANT L'EXECUTION

Take care

Questions?
Ask your Rite Aid Pharmacist.

RITE AID-2271 RICHMOND AVE.
2271 RICHMOND AVENUE
STATEN ISLAND, NY 10314-3903

(718) 698-0500
Store DEA : BR6288078
RPH : SLF

Rx 02744 2282988 Date Filled : 06/13/2023

ELAMRANI, ABDELHAN J

53 SOMMER AVE
STATEN ISLAND, NY 10314

EZETIMIBE 10 MG TABLET DAW : 0

NDC : 69238-1154-03 QTY : 30 DAYS SUPPLY : 30

BEHURIA, SUPREETI MD
501 SEAVIEW AVE, STE 200
STATEN ISLAND, NY 10305

REFILL 3 TIMES UNTIL 06/12/2024

GOODRX CASH DISCOUNT CARD(BIN#015995 PCN
GRP: DR33 CLM REF#: 2316400033882249PHDC

U&C: $249.99

PAY: $17.67

MEDICATION WARNINGS

MEDICATION
EZETIMIBE 10 MG TABLET

DIRECTION
TAKE 1 TABLET BY MOUTH AT BEDTIME

IMPORTANT
HOW TO USE THIS INFORMATION: THIS IS A SUMMARY AND DOES NOT HAVE ALL POSSIBLE INFORMATION ABOUT THIS PRODUCT.
THIS INFORMATION DOES NOT ASSURE THAT THIS PRODUCT IS SAFE, EFFECTIVE, OR APPROPRIATE FOR YOU.
THIS INFORMATION IS NOT INDIVIDUAL MEDICAL ADVICE AND DOES NOT SUBSTITUTE FOR THE ADVICE OF YOUR HEALTH CARE PROFESSIONAL. ALWAYS ASK YOUR HEALTH CARE PROFESSIONAL FOR COMPLETE INFORMATION ABOUT THIS PRODUCT AND YOUR SPECIFIC HEALTH NEEDS.
EZETIMIBE - ORAL (eh-ZET-ih-mibe)

COMMON BRAND NAME(S)
Zetia

USES
Ezetimibe is used along with a low cholesterol/low fat diet and exercise to help lower cholesterol in the blood. Ezetimibe may be used alone or with other drugs (such as "statins" or fibrates). Ezetimibe works by reducing the amount of cholesterol your body absorbs from your diet. Reducing cholesterol may help prevent strokes and heart attacks.

HOW TO USE
Read the Patient Information Leaflet if available from your pharmacist before you start taking ezetimibe and each time you get a refill. If you have any questions, ask your doctor or pharmacist. Take this medication by mouth as directed by your doctor, usually once daily with or without food. The dosage is based on your medical condition and response to treatment. If taking a bile acid sequestrant (such as cholestyramine, colestipol), take ezetimibe at least 2 hours before or 4 hours after taking the bile acid sequestrant. These products may bind to ezetimibe, preventing your body from fully absorbing the drug. Take this medication regularly to get the most benefit from it. To help you remember, take it at the same time each day. Keep taking this medication even if you feel well. Most people with high cholesterol do not feel sick. It may take up to 2 weeks before you get the full benefit of this drug.

SIDE EFFECTS
Remember that this medication has been prescribed because your doctor has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. This drug may increase the risk of liver damage (when taken with a "statin") or muscle damage when taken with a fibrate or "statin". Tell your doctor right away if you experience any of the following symptoms: signs of liver problems (such as nausea/vomiting that doesn't stop, severe stomach/abdominal pain, yellowing eyes/skin, dark urine), muscle pain/tenderness/weakness (especially with fever or unusual tiredness). A very serious allergic reaction to this drug is rare. However, get medical help right away if you notice any symptoms of a serious allergic reaction, including: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist. In the US - Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or at www.fda.gov/medwatch. In Canada - Call your doctor for medical advice about side effects. You may report side effects to Health Canada at 1-866-234-2345.

PRECAUTIONS
Before taking ezetimibe, tell your doctor or pharmacist if you are allergic to it; or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. Before using this medication, tell your doctor or pharmacist your medical history, especially of: liver disease. Before having surgery, tell your doctor or dentist about all the products you use (including prescription drugs, nonprescription drugs, and herbal products). During pregnancy, this medication should be used only when clearly needed. Discuss the risks and benefits with your doctor. It is unknown if this drug passes into breast milk. Consult your doctor before breast-feeding.

DRUG INTERACTIONS
Drug interactions may change how your medications work or increase your risk for serious side effects. This document does not contain all possible drug interactions. Keep a list of all the products you use (including prescription/nonprescription drugs and herbal products) and share it with your doctor and pharmacist. Do not start, stop, or change the dosage of any medicines without your doctor's approval.

OVERDOSE
If someone has overdosed and has serious symptoms such as passing out or trouble breathing, call 911. Otherwise, call a poison control center right away. US residents can call their local poison control center at 1-800-222-1222. Canada residents can call a provincial poison control center.

NOTES
Do not share this medication with others. Lab and/or medical tests (such as cholesterol levels) should be done while you are taking this medication. When ezetimibe is given with a statin agent, liver function tests should be performed to monitor for side effects. Keep all medical and lab appointments. Consult your doctor for more details.

MISSED DOSE
If you miss a dose, use it as soon as you remember. If it is near the time of the next dose, skip the missed dose. Use your next dose at the regular time. Do not double the dose to catch up.

STORAGE
Store at room temperature away from light and moisture. Do not store in the bathroom. Keep all medications away from children and pets. Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company.

Take care

Questions?
Ask your Rite Aid Pharmacist.

The information in this leaflet may be used as an educational aid. This information does not cover all possible uses, actions, precautions, side effects, or interactions of this medicine. This information is not intended as medical advice for individual problems.

You can refill your prescription when it's convenient for you. **Refills by Phone.** Call the number on your prescription bottle and follow the automated instructions. **Easy Refills Online.** Order online at riteaid.com. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088 or online at www.fda.gov/medwatch/report.htm

ORDER NO. 461944

RITE AID-2271 RICHMOND AVE.
2271 RICHMOND AVENUE
STATEN ISLAND, NY 10314-3903

(718) 698-0500
Store DEA : BR6288078
RPH : SLF

Rx 02744 2282988

Date Filled : 06/13/2023

ELAMRANI, ABDELHAN J

53 SOMMER AVE
STATEN ISLAND, NY 10314

EZETIMIBE 10 MG TABLET

DAW : 0

NDC : 69238-1154-03 QTY : 30 DAYS SUPPLY : 30

BEHURIA, SUPREETI MD
501 SEAVIEW AVE, STE 200
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REFILL 3 TIMES UNTIL 06/12/2024

GOODRX CASH DISCOUNT CARD(BIN#015995 PCN
GRP: DR33 CLM REF#: 2316400033882249PHDC

U&C: $249.99

PAY: **$17.67**

MEDICATION WARNINGS

06/13

EL ELAMRANI, ABDELHAN J

02744 2282988
NEW RX
PATIENT PAYS: $17.67

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RITE AID
Don't just get healthy. Get thriving.

55734

RITE AID RITE CARE Prescription Advisor

If you would like to learn more about any of our pharmacy services, including Rx Scores, please ask your Rite Aid pharmacist.

Be prepared for summertime sprains

Dealing with a summertime sprain can be a real pain. RICE it for faster healing.

- **Rest.** Take a break and rest the injured limb for a few days.
- **Ice.** Chill out and apply ice to the area for 15–20 minutes, 4–8x a day to help with pain and swelling.
- **Compression.** Wrap it up and compress the area with an elastic, medical-grade bandage.
- **Elevation.** Kick back and elevate the injured limb above heart level when resting to help prevent or limit swelling.

Be prepared for sprains and strains by stocking up now on ice packs, compression bandages, and your preferred OTC pain reliever.

For more summertime tips, head to RiteAid.com/summer

RITE AID

Always consult with a healthcare professional before starting any new vitamins, supplements, diet or exercise program, before taking any medication, or if you have or suspect you might have a health problem.

OPT: 2744 605 164 5101271

INFO: 2744 6923811 5403

55736

06/13

EL ELAMRANI, ABDELHAN J

DISCLAIMER: Some informational content that is provided may require you to talk to your doctor to determine if it is right for you.

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit remove-me.net Use code:2744605 164 5101271

RITE AID

Store #02744
2271 RICHMOND AVE
STATEN ISLAND, NY 10314
(718) 698-0500

Register #2 Transaction #1468093
Cashier #27443478 6/13/23 5:26PM

1 SCANNED PHARMACY 17.67 H
Rx #2282988

1 Items Subtotal $17.67
Tax $.00
Total $17.67
MASTERC SALE $17.67
MASTER card * #XXXXXXXXXXXX5103
App # AUTO
Ref # 090478
Entry Method: Chip

Application Label: CAPITAL ONE
AID: A0000000041010
TVR: 0000008000
TSI: E800
AC: 15FBCFBCED0E028E
ARC: 00

Tendered $17.67
Cash Change $.00

Welcome to Rite Aid Rewards!

Members, login or create your digital account at RiteAid.com/rewards to convert your points into Bonus Cash.
Not a Member? Sign up and create your digital account at RiteAid.com/rewards and start earning points!

THANK YOU FOR SHOPPING AT Rite Aid
You were served by HANAA today.

H - Health FSA *

Health FSA benefit total 17.67

* The health FSA benefit total includes items that may be eligible for reimbursement from a participating FSA (Flexible Spending Account) health plan. Contact your plan administrator for details.

SAVE TIME. SAVE HASSLE. SAVE TREES.
Say yes to receipt by email on your next purchase.

****

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Tell us by entering the code below.

wecare.riteaid.com

0613 1702 7440 2932

See reverse for details.

****

BonusCash is automatically deposited into a member's account for use in-store or at riteaid.com upon submission of a request to convert points, whether manually or by selection of automated conversion of points, and expires 30 days from the date of deposit.

****