

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.

Pathologie 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.

Éducation :

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.

Thérapeutique :

En cas de prothèses ou de traitement canalaire, 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 canalaire.

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 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.

Maladie

Dentaire

Optique

Autres

Cadre réservé à l'adhérent (e)

Matricule : 5573 Société : R.A.D.

Actif Pensionné(e) Autre :

Nom & Prénom : Seuhaj, Nadia

Date de naissance : 20.3.61

Adresse : 22, Rue des fortifications des Sables

Tél. : 06 42 40 50 37 Total des frais engagés : 85.81 Dhs

Cadre réservé au Médecin

Cachet du médecin :

RX# 464908 DOB: 8/20/1961 0/2 12/18/2029 (C
BENNIS, NADIA HOTEL METROPOLITAN NEW YORK NY 10037
#66 CICLOPIROX TOPICAL SOL 8% 00713-0317-800 AND W LA
PARK, DOG DEA # BP1693549 Rph#
Copay \$85.00 Ins Paid \$85.00 Auth#

Date de consultation :/...../.....

Nom et prénom du malade :/...../.....

Lien de parenté : Lui-même Cé�age 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 :/...../..... Le :/...../.....

Signature de l'adhérent(e) :/...../.....

MUPRAS
ACCUEIL
11 JAN. 2021

RELEVE DES FRAIS ET HONORAIRES

Dates des Actes	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



HARLEM PHARMACY & SURGICALS
LENOX STAR PHARMACY, INC.
531 Lenox Avenue
New York, NY 10037
DEA# FL2804498
FAX # 212-368-3999 PHONE # 212-368-7900

BENNIS, NADIA

HOTEL METROPOLITAN New York NY 10037

Rx# 464908

Date Filled: 12/18/202

#6.6 CICLOPIROX TOPICAL SOL 8%

NDC: 00713-0317-88

Refills: 2

Plan: C

Due : \$85.00

** THANK YOU **

ANALYSES - RADIGRAPHIES

Cachet et signature du Laboratoire et du Radiologue

Date

Désignation des Coefficients

Montant des Honoraires

Patient Counselling For: BENNIS, NADIA

Rx#: 464908

Drug: CICLOPIROX TOPICAL SOL 8%

WHAT IS THIS MEDICINE?

CICLOPIROX (sye klo PEER ox) NAIL SOLUTION is an antifungal medicine. It

used to treat fungal infections of the

nails. It may also be used to treat fungal infections of the

face, lips, or tongue. Severe

This medicine may be used for other

purposes; ask your health care

provider or pharmacist if you have

questions.

WHAT SIDE EFFECTS MAY I NOTICE FROM RECEIVING THIS MEDICINE?

Mild reddening of the

skin. Side effects that you should report to

your doctor or health care

provider or pharmacist if they continue or are

bothersome.

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