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

o	Réclamation	: contact@mupras.com
o	Prise en charge	: pec@mupras.com
o	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.

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

Déclaration de Ma

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

118287

Nº W21-702403

par conjoint

☒ Maladie ☐ Dentaire ☐ Optique

Cadre réservé à l'adhérent (e)

Matricule : 2887 Société : ....

☐ Actif ☐ Pensionné(e) ☐ Autre : REFORME

Nom & Prénom : AMRAOUI Ab dellCader

Date de naissance : 01-01-1954

Adresse : 15 - Rue Nissime Casablanca

Tél. : 05-27 6167 Total des frais engagés : 26.11 Dollars USA

Cadre réservé au Médecin

Cachet du médecin :

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

Nom et prénom du malade : BARHOUMI Saadia

Lien de parenté : ☐ Lui-même ☒ Conjoint

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 plic médecin conseil de la Mutuelle.

Autorisation CNDP N° : A-A-215/2019

J'atteste sur l'honneur l'exactitude des renseignements portés sur la présente dé avoir pris connaissance de la clause relative à la protection des données personnell

Fait à : .... **Le :** ../..../....

Signature de l'adhérent(e) : ....

06 - AVRIL / 2022

[redacted]

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
	30/03/2022	26.97
		US dollars

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	

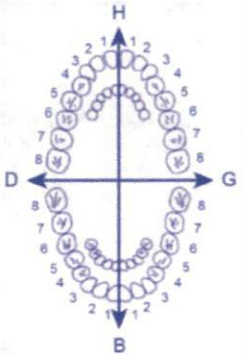
VOLET ADHERENT

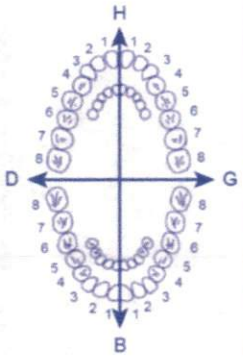
* Il est entendu que le réglement est conditionné par la fourniture de tous les justificatifs exigés par la Mutuelle.

RELEVE DES FRAIS ET HONORAIRES

Le praticien est prié de préciser la dent traitée, l'acte pratiqué en indiquant la nature des

Important :
Veuillez joindre les radiographies en cas de prothèses ou de traitement canalaires, ainsi

SOINS DENTAIRES	Dents Traitées	Nature des Soins	Cœfficient	INP : |||
				CŒFFICIENT DES TRAVAUX
				MONTANTS DES SOINS
				DEBUT D'EXECUTION
				FIN D'EXECUTION

O.D.F PROTHESES DENTAIRES	DETERMINATION DU CŒFFICIENT MASTICATOIRE	
	H 25533412 | 21433552 00000000 | 00000000 D — G 00000000 | 00000000 35533411 | 11433553 B	CŒFFICIENT DES TRAVAUX
	(Création, remont, adjonction) Fonctionnel, Thérapeutique, nécessaire à la profession	MONTANTS DES SOINS
		DATE DU DEVIS
		DATE DE L'EXECUTION

VISA ET CACHET DU PRATICIEN ATTESTANT LE DEVIS

VISA ET CACHET DU PRATICIEN AT

Your personaprescription information

Your Walgreens Pharmacy Location
4320 26th St W
Bradenton, FL 34205
(941)755-8596

If you have questions about your prescription, pleasontact your Walgreens pharmacist or call 800-WALGREENS (800-925-4733).

PATIENT SAADIA BARHOUMI
BIRTH DATE 04/29/60
MEDICATION GABAPENTIN 250MG/5ML SOLUTION
QUANTITY 75
DIRECTIONS TAKE 2.5 ML BY MOUTH AT NIGHT AS NEEDED FOR BURNING PAIN

DOCTOR P. PERRY ASHTON, APN

PATIENT ALLERGIES

DRUG DESCRIPTION
LIQUID
LIGHT YELLOW

INGREDIENT NAME: Gabapentin Oral Solution (GA ba pen tin)

COMMON USES: It is used to treat painful nerve diseases. It is used to help control certain kinds of seizures. It may be given b you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you are allergic to this drug; any part of this drug; or any other drugs, foods, or substances. Tell your doctor about the allergy and what signs you had. TELL YOUR DOCTOR: If you have kidney disease or are on dialysis. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. If you are taking an antacid that has aluminum or magnesium in it, take this drug at least 2 hours after taking the antacid. Take with or without food. Measure liquid doses carefully. Use the measuring device that comes with this drug. If there is none, ask the pharmacist for a device to measure this drug. HOW DO I STORE AND/OR THROW OUT THIS DRUG? Store in a refrigerator. Do not freeze. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. WHAT DO I DO IF I MISS A DOSE? Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses.

CAUTIONS: For all uses of this drug: Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists. Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you. This drug may affect certain lab tests. Tell all of your health care providers and lab workers that you take this drug. Have blood work checked as you have been told by the doctor. Talk with the doctor. Talk with your doctor before you use alcohol, marijuana or other forms of cannabis, or prescription or OTC drugs that may slow your actions. This drug is not the same as gabapentin enacarbil (Horizant). Do not use in its place. Talk with the doctor. Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor. A severe and sometimes deadly reaction has happened. Most of the time, this reaction has signs like fever, rash, or swollen glands with problems in body organs like the liver, kidney, blood, heart, muscles and joints, or lungs. If you have questions, talk with the doctor. Severe breathing problems have happened with this drug in people taking certain other drugs (like opioid pain drugs). This has also happened in people who already have lung or breathing problems. The risk may also be greater in people who are older than 65. Sometimes, breathing problems have been deadly. If you have questions, talk with the doctor. If you are 65 or older, use this drug with care. You could have more side effects. If the patient is 3 to 12 years of age, use this drug with care. The risk of mood or behavior problems may be higher in these children. Tell your doctor if you are pregnant, plan on getting pregnant, or are breast-feeding. You will need to talk about the benefits and risks to you and the baby. For seizures: If seizures are different or worse after starting this drug, talk with the doctor.

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY? WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. Signs of kidney problems like unable to pass urine, change in how much urine is passed, blood in the urine, or a big weight gain. Trouble controlling body movements, twitching, change in balance, trouble swallowing or speaking. Memory problems or loss. Change in eyesight. Feeling confused, not able to focus, or change in behavior. Shakiness. Trouble breathing, slow breathing, or shallow breathing. Change in color of skin to a bluish color like on the lips, nail beds, fingers, or toes. Shortness of breath, a big weight gain, or swelling in the arms or legs. Not able to control eye movements. Swollen gland. Fever, chills, or sore throat; any unexplained bruising or bleeding; or feeling very tired or weak. Muscle pain or weakness. Get medical help right away if you feel very sleepy, very dizzy, or if you pass out. Caregivers or others need to get medical help right away if the patient does not respond, does not answer or react like normal, or will not wake up. Like other drugs that may be used for seizures, this drug may rarely raise the risk of suicidal thoughts or actions. The risk may be higher in people who have had suicidal thoughts or actions in the past. Call the doctor right away about any new or worse signs like depression; feeling nervous, restless, or grouchy; panic attacks; or other changes in mood or behavior. Call the doctor right away if any suicidal thoughts or actions occur. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away: Feeling dizzy, sleepy, tired, or weak. Diarrhea, upset stomach, or throwing up. Dry mouth. These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-332-1088. You may also report side effects at https://www.fda.gov/medwatch.

OVERDOSE: If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

ADDITIONAL INFORMATION: If your symptoms or health problems do not get better or if they become worse, call your doctor. Do not share your drugs with others and do not take anyone else's drugs. This drug comes with an extra patient fact sheet called a Medication Guide. Read it with care. Read it again each time this drug is refilled. If you have any questions about this drug, please talk with the doctor, pharmacist, or other health care provider.

Call your doctor for medical advice about side effects.
You may report side effects to the FDA at 800-FDA-1088.

Do not flush unused medications or pour them down a sink or drain.

WIC# 986638

Keep out of reach of children: Store [illegible] safety container or secure area.

SAADIA BARHOUMI
4440 Fairway Blvd, #108, Bradenton, FL 34209
NEED PHONE
RX # 2455075-04379 DATE: 03/29/22

GABAPENTIN 250MG/5ML SOLUTION
QTY: 75 NO REFILLS - DR. AUTH REQUIRED
New-E NDC: 65162-0698-90
~~Retail Price: $33.89~~ ~~Your Insurance Saved You: $ 7.78~~ **$ 26.11**

P. PERRY ASHTON, APN PLAN: NAVTS
MFG: AMNEAL GROUP# GRX3000
SAP/SAP/SAP/ /SAP CLAIM REF# 96195282033000G

Walgreens
4320 26TH ST W BRADENTON, FL 34205
PH: (941)755-8596

Customer receipt

Pharmacy use only

TUE 4:48PM
New-E

GABAPENTIN 250MG/5ML SOLUTION
65162-**0698**-90
REFRIG

armacist
here

macist about
ions, including:

- Prescription side effects
- Over-the-counter products
- Drug interactions
- How to stay on track with medications

Talk to a pharmacist in store
or speak with a pharmacy expert 24/7
at Walgreens.com/PharmacyChat

Walgreens

This info may be clinically relevant and/or provide info on a drug prescribed to you. This is not medical advice or a recommendation by Walgreens.

OPT: 5524 677 089 3075698 INFO: 1486 65162069890

87001

5
BA
NAVTS *2455075 0401 5 0002611 6*

TUE 4:48PM
$26.11

SAADIA BARHOUMI
4440 Fairway Blvd, #108
Bradenton, FL 34209
NEED PHONE
• Your Insurance Saved You: $ 7.78

Welcome
03/29/22
New-E
Need Allergy Info
REFRIGERATE
MED GUIDE
NTT

Here for you and all your pharmacy needs

Details about your medication inside

For easy refills, vaccine scheduling and more ways to stay well, scan to download our app.

Data rates may apply.

Walgreens

#04379 4320 26TH ST W
BRADENTON, FL 34205
941-755-8596

211 2883 0041 03/3[illegible]/2022 4:14 PM

FSA RX 2455075	26.11
TOTAL	26.11
VISA ACCT 6907	26.11
AUTH CODE	09707C
CHANGE	.00

TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	26.11
TOTAL FSA AND RX ITEMS	26.11
APPROVED FSA/HRA AMOUNT	0.00

THANK YOU FOR SHOPPING AT WALGREENS

YOU COULD HAVE EARNED AN ADDITIONAL WALGREENS CASH REWARDS BY USING YOUR MYWALGREENS MEMBERSHIP TODAY.
RESTRICTIONS AND EXCLUSIONS APPLY.
CONDITIONS AT WALGREENS.COM.

NOT A MEMBER? JOIN NOW AT ANY REGISTER, OR GO TO MYWALGREENS.COM. ENROLLING IS QUICK, EASY AND FREE! REDEEM WALGREENS CASH REWARDS OFF FUTURE PURCHASES.

RFN# 0437-9412-8838-2203-3003

myW

NOW GET REIMBURSED FOR AT-HOME COVID-19 TESTS. REMEMBER TO SAVE YOUR RECEIPT AND SUBMIT TO YOUR INSURANCE.

How are we doing?

Enter our monthly sweepstakes for
$3,000 cash

Visit
WWW.WALGREENSLISTENS.COM
or scan this code with your mobile device

****
or call toll free
1-800-875-4028
within 72 hours to take a short survey about this Walgreens visit

Queremos saber su opinión

Participe en nuestro sorteo mensual de
$3,000 dólares

durante las próximas 72 horas para llenar una breve encuesta sobre su tienda Walgreens

Survey# (Número de encuesta)
0437-9412-883

Password(Clave)
8220-3300-328

For contest rules, see store or WWW.WALGREENSLISTENS.COM.
Visite la tienda o acceda WWW.WALGREENSLISTENS.COM para detalles acerca de las reglas del sorteo