

Claimant Information

CPN: 202511038798620 Other Claimant Name
Claimant Name: DAKAR Relationship: 1
Policy Number: 129835 Cert / Member ID: 56536642

Claim Information

Spouse has coverage for this expense with Sun Life or another carrier: No
COB Claim: N
Already processed under another benefit plan:
Spouse's Contract Number:
Spouse's Member ID Number:
Spouse's DOB:
H.S.A.

Claim Details

Expense Claim	Provider Name	Facility Id	Service Date	Type Of Service	Claim Amount	COB	COB amount	Initial visit	Image attached
1	radiologie dix30		03/11/2025	Autres frais			735.0	N	Y

Provider/Facility Information

Provider First Name
Provider Last Name / Institution: radiologie dix30
Provider Licence Number / Institution
Provider Phone Number: 450-987-0874
Facility Name
Address (line 1):
Address (line 2):
City:
Province: QC
Provider Postal Code: J4Y 0E2
Provider Specialty: Laboratory/diagnostic services
Provider Generic ID: 00556860
Facility Generic ID

Deposit Information

Claim deposit: Bank Account

GRS Member Information

Selection:
Client ID:
Plan ID:
Member ID:

RÉCU OFFICIEL

No: 20231105-108



RADIOLOGIE DIX30
190-1100 RUE DU LUX
BROSSARD
J4Y 0E3
Télép: (450) 904-0404
Téléc: (450) 904-0405

lundi, le 03 novembre 2025

Patient (e) : RALLY, DAKAR
(BELS28611916)
16-83 RUE SACRE COEUR
LONGUEUIL
J4J 1B8

Examen(s) Radiologique(s) :

8576L	IRM COLONNE LOMBAIRE	735.00 \$
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Ref.: Dr JUDE ANTOINE

Total : 735.00 \$

Note : Les frais de soins de santé non couverts par votre assurance sont à la charge du patient.