

Case HD-110452-56190

Claim Package Number (CPN) 2025110842674310	Policy 080740	Certificate 43788	Member Name Julie Benz	Product Medical
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Case Details	Policy Details	Document Details
Policy 080740		Certificate 43788
Claimant First Name Alexander		
Notes		
Document Type Other		Channel Mobile
Document Identifier		Uploaded by
Document Sequence Number 0		

Mobile eClaims-Vision Transaction**Claimant Information:**

CPN: 2025110842674310	Other Claimant Name:
Claimant Name: Alexander	Relationship: 2
Policy Number: 080740	Cert/Member ID: 43788

Claim Information:

Spouse has coverage for this expense with Sun Life or another carrier:

COB Claim:

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	Image Attached
1	Sophia Kavner		31/10/2025	Optometrist Eye Exam	275		0	N

Provider/Facility Information:

Provider First Name: Sophia

Provider Last Name / Institution: Kavner

Provider Licence Number / Institution:

Provider Phone Number: 416-911-1779

Facility Name: Forepoint

Address (line 1): 3180 Lounge Street

Address (line 2):

City: Toronto

Province:

Provider Postal Code: M5N 2U2

Provider Specialty: Optometrist

Provider Generic ID: 000582231

Facility Service ID: 001564077