

**Claimant Information**

CPN:	2082673572910	Other Claimant Name	
Claimant Name:	ROBIN NOAH	Relationship:	4
Policy Number:	129835	Cert / Member ID:	7354648

**Claim Information**

Spouse has coverage for this expense with Sun Life or another carrier:	No
COB Claim:	Y
Already processed under another benefit plan:	Y
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	George Miller	F325373292	25/10/2025	Autres frais	550.0	Y	300.0	N	Y

**Provider/Facility Information**

Provider First Name	George
Provider Last Name / Institution:	Miller
Provider Licence Number / Institution	
Provider Phone Number:	
Facility Name	
Address (line 1):	
Address (line 2):	
City:	
Province:	QC
Provider Postal Code:	
Provider Specialty:	
Provider Generic ID:	8464539
Facility Generic ID	

**Deposit Information**

Claim deposit:	Bank Account
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**GRS Member Information**

Selection:	
Client ID:	
Plan ID:	
Member ID:	



## Facture

Greenfield Park  
7363, Boulevard,  
Quebec, J4V 2H4

St- Mathieu de beiwell  
4362 , Longueuil, suite 105  
Quebec, J3G 0R2

Recu:	R-007-78357
Date:	35 Aout 2025
Resp/Orthesiste	George Miller TP 8352 C.O.P
Dossier	53279

**Points de service sur rendez-vous seulement:**

Ste-Julie /  Contrecoeur 4915 rts marie victoria, Qc, J6R 1CB

[www.orthoaction.ca](http://www.orthoaction.ca)

Tel : 456-753-8754

Telec : 450-753-9865

S\_F 866-754-8162

**Facture a:**

Robin Noah 654, dr, cuisson St-Bruno Quebec J3Z 6G8		
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Code	Description	Qte	Prix	TPS	TVQ	Total
OP31A	Ortheses plantaires moulées aux pieds fabriquées à partir d'un moule 3D en cire	1	\$550.00			\$550.00
AP100	Portion non reclamée	1	-\$300.00			-\$300.00

**CLINIQUE FAMILIALE DES HAUTS-BOIS**

2105 Boul Armand- Frappier, bur.301, sainte-Julie, Quebec, J3E 3R7, Canada

Tel: +1 450 864-96 Fax : +1 450 649 - 2291

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**Patient :** ROBIN NOAH

**NAM:** MLR64282008 (2067-75)

**DDN:** 2012-05-31

**Tel:** +1 865 875 - 8642

**Adresse** 818 Simoni-Monet St

Beloeil, Quebec

**Sexe a la naissance:** Femme

J3G 0G3, Canada

**Dossier** D62478-N

**Courriel:** [gaty98@hotmail.com](mailto:gaty98@hotmail.com)

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**REQUETE:**

**Raison :** ortheses plantaries sur mesure

**Description:** ci-haut