

Case HD-110305-20330

Claim Package Number (CPN)	Policy	Certificate	Member Name	Product
2025120367564903	060840	21823	Stephen Thomas	Medical

Case Details	Policy Details	Document Details
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Policy 060840	Certificate 21823
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Claimant First Name
Olivia

Notes

Document Type Other	Channel SLFCF
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Document Identifier	Uploaded by
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Document Sequence Number
0

Provider eClaim**Member Information:**

Plan1: Policy Number: 51720 First Name: Stephen Date of Birth: 30-May-1992	Cert/Member ID: 32086 Last Name: Thomas
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Plan2: Policy Number: First Name: Date of Birth: 01-Jan-0002	Cert/Member ID: Last Name:
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Claimant information:

First Name: Olivia Date of Birth: 20-Jun-1994	Last Name: Thomas Relationship: Daughter
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Submission Information:

Claim is for: Dependent
Is your dependent covered under benefit plan?
Is this expense eligible for payment under the other plan?
Has this claim already been submitted and processed under the other plan?
Claim is for: Dependent
Is your dependent covered under benefit plan? N
Is this expense eligible for payment under the other plan?
Has this claim already been submitted and processed under the other plan?
Is this other plan with Sun Life?

Claim details:

Control Number 1: 022106-CMG40-00
Control Number 2:
Claim package Number: 2025120367564903

Expense Claim	Service Date	Service Type	Duration/Unit	Amount Submitted	Paid by Other Plan	Total Service Cost
1	10-Oct-25	Prescription glasses	1	260.00		260.00

Additional Claim Information

Location where service was rendered: In Clinic
Was this injury caused by a workplace accident? N
Are you submitting a referral with this claim?
Referred by:
Physician Name / Prescriber Name:
Registration Number / Type of Prescriber:

Provider/Facility Information:

Provider First Name: Reid
Provider Last Name / Institution: B Adams
Provider Licence Number / Institution:
Provider Phone Number: 801-503-2415
Facility Name: WellGood
Address (line 1): #20 Assan Street
Address (line 2):
City: Vaughan
Province:
Provider Postal Code: M2D 1A4
Provider Specialty:
Provider Generic ID: 001029401
Facility Service ID: 001029400