

Mobile eClaim – Medical Transaction

Claimant Information

CPN	2324160997595411	Other Claim Name
Claimant Name	Peter, Ronie	Relationship 1
Policy Number	003104	Cert/Member ID 21452120

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	Laboratory ten40		5/20/2025	Other fees	465			N	Y

Provider/Facility Information

Provider First Name

Provider Last Name/Institution Laboratory ten40

Provider License Number/Institution

Provider Phone Number 435-030-0610

Facility Name

Address (line 1):

Address (line 2):

City:

Province QC

Provider Postal Code J4Y 0E2

Provider Specialty Laboratory/diagnostic services

Provider Generic ID 004321600

Facility Generic ID

Deposit Information

Claim deposit: Bank Account

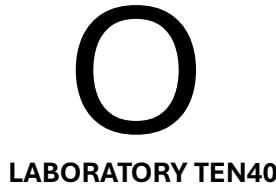
GRS Member Information

Selection:

Client ID: MI3142876

Plan ID: M3207215

Member ID: 0253820

**OFFICIAL RECEIPT**

N: 202505202209

Tuesday, 20 May 2025

LABORATORY TEN40**Laboratory Ten40**

020-0100 Street of Lux

Patient (e): Peter, Ronie

Tech park

BELS201401187

J4Y 0E2

21-45 Street Sacred heart

Tel: (340) 102-0230

length

Tel: (340) 102-0231

J4L 1AB

Exam(s) Radiological(s):

8556L Antigen CA125 \$ 465.00

Ref: Dr. Paul, Hoffman Sr. **Total:** \$ 465.00

When the control determines that a healthcare professional or a third party has required a payment from an insured person in violation of the Health Insurance Act, and when nothing in the regulations or agreements permits it, it reimburses the insured person the amount paid and informs the healthcare professional or the third party in writing. The control makes such a reimbursement only when the insured person submits a written request within the year following the date of payment.