

Mobile eClaim – Medical Transaction

Claimant Information

CPN 2024160967595412 Other Claim Name
Claimant Name Morris, Bandy Relationship 1
Policy Number 002101 Cert/Member ID 21332120

Claim Information

Spouse has coverage for this expense with Sun Life or No
another carrier:
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
	Radiology ten30		9/16/2024	Other fees	735			N	Y

Provider/Facility Information

Provider First Name
Provider Last Name/Institution radiology ten30
Provider License Number/Institution
Provider Phone Number 430-040-0210
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:

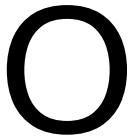
DI2142879

Plan ID:

M3209210

Member ID:

0213220



RADIOLOGY TEN30

OFFICIAL RECEIPT

N: 20240916209

Monday, 16 September 202024

Radiology Ten30

020-0100 Street of Lux

Tech park

J4Y 0E2

Tel: (340) 102-0230

Tel: (340) 102-0231

Patient (e): Morris, Bandy

BELS201401187

21-45 Street Sacred heart

length

J4L 1AB

Exam(s) Radiological(s):

8576L MRI Column Lumbar

735.00 \$

Ref: Dr. Pam, Shrivatsa

Total: 735.00 \$

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.