

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**

Policy
060840

Certificate
21823

Claimant First Name
Olivia

Notes

Document Type
Other

Channel
SLFCF

Document Identifier

Uploaded by

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

Plan2:

Policy Number:
First Name:
Date of Birth: 01-Jan-0002

Cert/Member ID:
Last Name:

Claimant information:

First Name: Olivia
Date of Birth: 20-Jun-1994

Last Name: Thomas
Relationship: Daughter

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