

Case HD-110452-56190

Claim Package Number (CPN)	Policy	Certificate	Member Name	Product
2025110842674310	080740	43788	Julie Benz	Medical

Case Details

Policy Details

Document Details

Policy
080740

Certificate
43788

Claimant First Name
Alexander

Notes

Document Type
Other

Channel
Mobile

Document Identifier

Uploaded by

Document Sequence Number
0

Mobile eClaims-Vision Transaction

Claimant Information:

CPN: 2025110842674310
Claimant Name: Alexander
Policy Number: 080740

Other Claimant Name:
Relationship: 2
Cert/Member ID: 43788

Claim Information:

Spouse has coverage for this expense with Sun Life or another carrier:
COB Claim:
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	Image Attached
1	Sophia Kavner		31/10/2025	Optometrist Eye Exam	275		0	N

Provider/Facility Information:

Provider First Name: Sophia

Provider Last Name / Institution: Kavner

Provider Licence Number / Institution:

Provider Phone Number: 416-911-1779

Facility Name: Forepoint

Address (line 1): 3180 Lounge Street

Address (line 2):

City: Toronto

Province:

Provider Postal Code: M5N 2U2

Provider Specialty: Optometrist

Provider Generic ID: 000582231

Facility Service ID: 001564077