



## CLAIM SUBMISSION - VISION

### Claim Submission Results

Green Shield ID Number: **UTG998866071 - 00**  
Participant Name: **SWARUP, ARUSHRI**  
Submission Date: **Sep 20, 2017 3:05 PM EDT**

| Form Number  | Service Date | Service Description         | Claimed Amount (\$Cdn) | Other Paid Amount (\$Cdn) | Deductible Copay |               | Paid Amount (\$Cdn) | Claim Status*    |
|--|--------------|-----------------------------|------------------------|---------------------------|------------------|---------------|---------------------|------------------|
| 558917626  | Sep 07, 2017 | Contact, prescription, pair | \$250.00               | \$0.00                    | \$0.00           | \$0.00        | \$125.00            | Awaiting payment |
| Claim adjusted in accordance with the maximum dollar limit allowed by your benefit plan. |              |                             |                        |                           |                  |               |                     |                  |
| <b>Total</b>   |              |                             | <b>\$250.00</b>        | <b>\$0.00</b>             | <b>\$0.00</b>    | <b>\$0.00</b> | <b>\$125.00</b>     |                  |

\*Payments for claims with a status of "Awaiting Payment" will be processed on the next business day.

#### Plan Limitation:

|                      |  |
|----------------------|--|
| Vision               | <b>\$125 maximum for Plan Member for glasses / contacts / or med. nec. contacts / or laser eye surgery every 24 months</b> |
| Participant/Family:  | <b>Participant</b>   |
| Start Date:          | <b>Sep 07, 2017</b>  |
| Amount used to Date: | <b>\$125.00</b>  |