

UMI U002360075

## Information Sheet

Visit date: -

### Client personal details

Family name: **CHANDA**  
 Given names: **Debajyoti**  
 Gender: **MALE**  
 Date of birth: **20 Dec 1980**  
 Country of birth: **INDIA**

### Client identity details

Identity document presented: **Original Passport**  
 Identity document number: **L1243509**  
 Issuing country: **INDIA**  
 Date of issue: **05 May 2014**  
 Date of expiry: **04 May 2024**  
 Source: **Clinic**

### Client visa details

IME: **Non EDE**  
 Upfront medical type: **Worker**

### Instructions to the client

This information sheet outlines the status of the immigration health examinations that you have undertaken at an eMedical clinic.

**Note:** the status of an individual examination will not appear as "Complete" in the Exam list below until your case has been submitted to Immigration, Refugees and Citizenship Canada (IRCC). This may not occur until all results are finalised after you have left the clinic.

Your health case will be submitted to IRCC for processing once all your health examinations are completed. If you are required to complete further health examinations, you will be notified by IRCC once your case has been assessed. For further information on IRCC's health assessment process, please see our website at: <http://www.cic.gc.ca>

#### Note:

- **Once a panel clinic has submitted your health examination results to IRCC**, any further queries about your visa application and/or your health examination results should be directed to your visa officer. Staff at a panel clinic will **not** be able to help you with these queries.
- **If you have not yet lodged a visa application**, you must provide the health identifier on the top of this letter (i.e. UMI, UCI, IME) to IRCC. Please make sure that you attach this letter to your visa application before submitting the form to IRCC. This will facilitate processing of your visa application.

### Examinations required for this visa application

Exam	Status	Clinic
501 Medical Examination	Required	
502 Chest X-ray Examination	Required	
707 HIV test	Required	
712 Syphilis Test (VDRL or RPR)	Required	

### Consent provided

# Cincinnati Immigration Medical Exams and Services, LLC

9403 Kenwood Road, Suite C211

Blue Ash, OH 45242

Phone- 513- 392-8800

Fax- 513-392-8801

Tax ID: 36-4778295

## Advanced Beneficiary Notice (ABN)

Applicant's/Patient's Name: DEBAJYOTI CHANDA

Date of Services: 01/20/2017

Note: You need to make a choice about receiving these health care items or services for any of the following reasons:

- We expect that your health insurance will not pay for the item(s) or service(s) described on the accompanied receipt
- Your health insurance does not pay for all of your health care costs
- Your health insurance only pays for covered items and services when your health insurance rules are met
- The fact that your health insurance may not pay for a particular item or service does not mean that you should not receive it
- Your health insurance probably will not pay for:
  - Items or services listed on accompanied receipt
  - Immigration examination

These items or services will cost you \$ 400<sup>00</sup>

I understand that my immigration examination and other services will not be billed to my health insurance. I agree to be personally and fully responsible for payment of these items or services.

Debjyoti Chanda  
(Signature of Applicant/Patient or Person Acting on  
Applicant's/Patient's Behalf)

01/03/2017  
(Date)

\*NOTE: Your health insurance information and any information that we collect about you on this form will be kept confidential in our office.

Cincinnati Immigration Medical Exams and Services, LLC  
9403 Kenwood Road, Suite C211  
Blue Ash, OH 45242  
Ph- 513-392-8800  
Fax- 513-392-8801

Date: 2/3/17

Name: Debajyoti Chandra

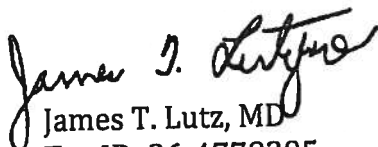
Z02.89 Immigration Physical Exam-Canada

Comprehensive Physical Exam -	\$200.00	99203
PA Chest X-Ray with interpretation -	\$100.00	71010
Treponema Blood Test -	\$35.00	86780
HIV 1&2 AB Blood Test -	\$40.00	86703
Processing Fee	\$50.00	99999

Promotional Discount: -\$25.00

Total - \$400.00

Thank you,

  
James T. Lutz, MD  
Tax ID: 36-4778295  
NPI 1093760142