

CLAIMS
SUMMARY

Administered by :
AGA FINANCIAL GROUP INC.
3500 De Maisonneuve Blvd W., Suite 2200
WESTMOUNT QC H3Z 3C1
Tel.: (514) 935-5444 / 1 800 363-6217

Group no. : 2683 Division name : PARAZA PHARMA INC. - QUÉBEC
Certificate : FAIZMO002 Insured name : Mohd Faizan

Description of service		Amount submitted	Amount payable	Deduc-tible	Co-ins. %	Amount paid	*
MOHD: insured							
2025-06-19	Medical examination	276.25	0.00	0.00	0.0	0.00	001
2025-07-17	Medical examination	191.25	0.00	0.00	0.0	0.00	002
TOTAL		467.50	0.00	0.00		0.00	

* Notes

001 medical consultation. The submitted service is not covered under the recipient/patient's Extended Health Care plan.
002 The submitted service is not covered under the recipient/patient's Extended Health Care plan. Medical consultation.

Check number : Form number : 202508220070787
Please keep this form for income tax purposes.

MR MOHD FAIZAN
510-1360 RUE ST JACQUES
MONTREAL QC H3B 0G3