

MARIELA HOYOS
 146, RUE FRANCOIS 313
 VERDUN, Québec
 H3E 1G3

Claim history summary

Plan number:	179023	Total amounts for this summary	
Member ID (or certificate number):	E000010539	Submitted:	\$842.07
Date:	01 JAN 2024 - 31 DEC 2024	Amount eligible:	\$842.07
Plan type:	Health, Drugs, Vision & Dental	Paid:	\$660.91
Name:	ALEJANDRO ALVAREZ	Not paid:	\$181.16
Benefit:	All		

ALEJANDRO ALVAREZ - Spouse/common-law partner

Drugs

Service date	Date processed	Service	Submitted	Amount eligible	Paid	Not paid
2024-01-04	2024-01-04	TWYNSTA 40MG/10MG TABLET DIN 02371030	\$26.93	\$26.93	\$20.34	\$6.59
2024-01-14	2024-01-14	SYNTHROID 0.125MG TABLET DIN 02172119	\$13.33	\$13.33	\$8.78	\$4.55
2024-01-27	2024-01-27	TWYNSTA 80MG/10MG TABLET DIN 02371057	\$34.79	\$34.79	\$27.02	\$7.77
2024-02-11	2024-02-11	SYNTHROID 0.125MG TABLET DIN 02172119	\$20.67	\$20.67	\$15.02	\$5.65
2024-02-29	2024-02-29	TWYNSTA 80MG/10MG TABLET DIN 02371057	\$51.09	\$51.09	\$40.88	\$10.21
2024-04-13	2024-04-13	SYNTHROID 0.125MG TABLET DIN 02172119	\$20.67	\$20.67	\$15.02	\$5.65

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2024-04-24	2024-04-24	TWYNSTA 80MG/10MG TABLET DIN 02371057	\$34.79	\$34.79	\$27.02	\$7.77
2024-05-25	2024-05-25	TWYNSTA 80MG/10MG TABLET DIN 02371057	\$34.79	\$34.79	\$27.02	\$7.77
2024-06-13	2024-06-13	SYNTHROID 0.125MG TABLET DIN 02172119	\$25.17	\$25.17	\$18.84	\$6.33
2024-06-13	2024-06-13	A-EVALUATION RX EXTENSION OVER 30 DAYS DIN 00969435	\$15.53	\$15.53	\$15.53	\$0.00
2024-06-25	2024-06-25	TWYNSTA 80MG/10MG TABLET DIN 02371057	\$34.79	\$34.79	\$27.02	\$7.77
2024-07-24	2024-07-24	TWYNSTA 80MG/10MG TABLET DIN 02371057	\$34.79	\$34.79	\$27.02	\$7.77
2024-08-13	2024-08-13	SYNTHROID 0.125MG TABLET DIN 02172119	\$25.17	\$25.17	\$18.84	\$6.33
2024-08-25	2024-08-25	TWYNSTA 80MG/10MG TABLET DIN 02371057	\$34.79	\$34.79	\$27.02	\$7.77
2024-09-25	2024-09-25	TWYNSTA 80MG/10MG TABLET DIN 02371057	\$53.59	\$53.59	\$43.00	\$10.59

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Service date	Date processed	Service	Submitted	Amount eligible	Paid	Not paid
2024-10-07	2024-10-07	SYNTHROID 0.125MG TABLET DIN 02172119	\$25.17	\$25.17	\$18.84	\$6.33
2024-12-15	2024-12-15	SYNTHROID 0.125MG TABLET DIN 02172119	\$26.17	\$26.17	\$19.69	\$6.48
2024-12-15	2024-12-15	TWYNSTA 80MG/10MG TABLET DIN 02371057	\$53.84	\$53.84	\$43.21	\$10.63
Sub-total:			\$566.07	\$566.07	\$440.11	\$125.96

Dental

Service date	Date processed	Service	Submitted	Amount eligible	Paid	Not paid
2024-06-03	2024-06-03	Perio Scaling (43412)	\$92.00	\$92.00	\$73.60	\$18.40
2024-06-03	2024-06-03	Dental Exam (01200)	\$109.00	\$109.00	\$87.20	\$21.80
2024-06-03	2024-06-03	Polishing (11300)	\$75.00	\$75.00	\$60.00	\$15.00
Sub-total:			\$276.00	\$276.00	\$220.80	\$55.20
Total:			\$842.07	\$842.07	\$660.91	\$181.16

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Why the amount not covered by your plan may be important

You may be able to claim the amount not paid as a medical expense on your personal tax return. Contact Canada Revenue Agency or your tax advisor for details.

Claims displayed are current as of the last business day.