

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: | \$2,171.02 |
| Date: | 01 JAN 2024 - 31 DEC 2024 | Amount eligible: | \$1,950.52 |
| Plan type: | Health, Drugs, Vision & Dental | Paid: | \$1,541.23 |
| Name: | MARIELA HOYOS | Not paid: | \$629.79 |
| Benefit: | All | | |

MARIELA HOYOS - Member

Drugs

| Service date | Date processed | Service | Submitted | Amount eligible | Paid | Not paid |
|--------------|----------------|--|-----------|-----------------|---------|----------|
| 2024-01-14 | 2024-01-14 | TRANDATE 100MG TABLET DIN 02106272 | \$33.86 | \$33.86 | \$26.23 | \$7.63 |
| 2024-02-17 | 2024-02-17 | TRANDATE 100MG TABLET DIN 02106272 | \$33.86 | \$33.86 | \$26.23 | \$7.63 |
| 2024-02-17 | 2024-02-17 | SYNTHROID 0.075MG TABLET DIN 02172089 | \$20.03 | \$20.03 | \$14.48 | \$5.55 |
| 2024-03-21 | 2024-03-21 | TRANDATE 100MG TABLET DIN 02106272 | \$33.86 | \$33.86 | \$26.23 | \$7.63 |
| 2024-04-13 | 2024-04-13 | SYNTHROID 0.075MG TABLET DIN 02172089 | \$20.03 | \$20.03 | \$14.48 | \$5.55 |
| 2024-04-13 | 2024-04-13 | VENTOLIN HFA 100MCG INHALER DIN 02241497 | \$21.38 | \$21.38 | \$15.62 | \$5.76 |

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|--------------|----------------|--|-----------|-----------------|---------|----------|
| 2024-04-24 | 2024-04-24 | TRANDATE 100MG TABLET DIN 02106272 | \$33.86 | \$33.86 | \$26.23 | \$7.63 |
| 2024-05-25 | 2024-05-25 | TRANDATE 100MG TABLET DIN 02106272 | \$33.86 | \$33.86 | \$26.23 | \$7.63 |
| 2024-06-13 | 2024-06-13 | SYNTHROID 0.075MG TABLET DIN 02172089 | \$20.03 | \$20.03 | \$14.48 | \$5.55 |
| 2024-06-25 | 2024-06-25 | TRANDATE 100MG TABLET DIN 02106272 | \$33.86 | \$33.86 | \$26.23 | \$7.63 |
| 2024-07-24 | 2024-07-24 | A-EVALUATION RX EXTENSION OVER 30 DAYS DIN 00969435 | \$15.53 | \$15.53 | \$15.53 | \$0.00 |
| 2024-07-24 | 2024-07-24 | TRANDATE 100MG TABLET DIN 02106272 | \$33.86 | \$33.86 | \$26.23 | \$7.63 |
| 2024-08-13 | 2024-08-13 | SYNTHROID 0.075MG TABLET DIN 02172089 | \$20.03 | \$20.03 | \$14.48 | \$5.55 |
| 2024-08-25 | 2024-08-25 | TRANDATE 100MG TABLET DIN 02106272 | \$33.86 | \$33.86 | \$26.23 | \$7.63 |
| 2024-09-25 | 2024-09-25 | TRANDATE 100MG TABLET DIN 02106272 | \$51.72 | \$51.72 | \$41.41 | \$10.31 |

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|--------------|----------------|--|-----------|-----------------|----------|----------|
| 2024-10-07 | 2024-10-07 | SYNTHROID 0.075MG TABLET DIN 02172089 | \$20.03 | \$20.03 | \$14.48 | \$5.55 |
| 2024-10-07 | 2024-10-07 | VENTOLIN HFA 100MCG INHALER DIN 02241497 | \$21.38 | \$21.38 | \$15.62 | \$5.76 |
| 2024-10-31 | 2024-10-31 | AMOXICILLIN/CLAV 875MG/125MG TABLET DIN 02536048 | \$28.96 | \$28.96 | \$22.07 | \$6.89 |
| 2024-10-31 | 2024-10-31 | NASONEX AQ. NASAL SPRAY 50MCG DIN 02238465 | \$36.89 | \$36.89 | \$28.81 | \$8.08 |
| 2024-10-31 | 2024-10-31 | VENTOLIN HFA 100MCG INHALER DIN 02241497 | \$21.38 | \$21.38 | \$15.62 | \$5.76 |
| 2024-11-27 | 2024-11-27 | TRANDATE 100MG TABLET DIN 02106272 | \$51.97 | \$51.97 | \$41.62 | \$10.35 |
| 2024-11-27 | 2024-11-27 | SYNTHROID 0.075MG TABLET DIN 02172089 | \$20.28 | \$20.28 | \$14.69 | \$5.59 |
| Sub-total: | | | \$640.52 | \$640.52 | \$493.23 | \$147.29 |

Dental

| Service date | Date processed | Service | Submitted | Amount eligible | Paid | Not paid |
|--------------|----------------|----------------------|-----------|-----------------|----------|----------|
| 2024-01-18 | 2024-01-18 | Lab or Materials Fee | \$215.50 | \$215.50 | \$172.40 | \$43.10 |

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|---------------|----------------|----------------------------------|-------------------|-------------------|-------------------|-----------------|
| | | (40001) | | | | |
| 2024-01-18 | 2024-01-18 | Periodontal Appliance (43612) | \$575.00 | \$575.00 | \$460.00 | \$115.00 |
| 2024-03-23 | 2024-03-23 | Dental Exam (01400) | \$56.00 | \$56.00 | \$44.80 | \$11.20 |
| 2024-03-23 | 2024-03-23 | Perio Scaling (43413) | \$148.00 | \$148.00 | \$118.40 | \$29.60 |
| 2024-06-15 | 2024-06-15 | Periodontal Surgery (42000) | \$228.00 | \$228.00 | \$182.40 | \$45.60 |
| 2024-06-15 | 2024-06-15 | Periodontal Surgery (42001) | \$56.00 | \$56.00 | \$44.80 | \$11.20 |
| 2024-09-21 | 2024-09-21 | Polishing (11300) | \$75.00 | \$0.00 | \$0.00 | \$75.00 |
| 2024-09-21 | 2024-09-21 | Preventative Scaling (43411) | \$68.00 | \$0.00 | \$0.00 | \$68.00 |
| 2024-09-21 | 2024-09-21 | Dental Exam (01200) | \$109.00 | \$31.50 | \$25.20 | \$83.80 |
| Sub-total: | | | \$1,530.50 | \$1,310.00 | \$1,048.00 | \$482.50 |
| Total: | | | \$2,171.02 | \$1,950.52 | \$1,541.23 | \$629.79 |

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.

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Claims displayed are current as of the last business day.