



CLAIM REVERSAL REQUEST

Green Shield Canada
P.O. Box 1606, Windsor, ON N9A 6W1
1-888-711-1119 or (519)739-1133

Benefit Type:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Drug | <input type="checkbox"/> Dental | <input type="checkbox"/> Audio |
| <input type="checkbox"/> Medical Items | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Vision Care | <input type="checkbox"/> Hospital Accommodation | <input type="checkbox"/> _____ |

Provider Name:	Green Shield Provider #:	
Patient Name:	Green Shield ID	Dep. No.
Date of Service:	Form I.D. # (Internal Use Only):	
Procedure Code / DIN:	Rx #:	
Description of Product/Service:		
Claim Paid Amount:	Payee Type: <input type="checkbox"/> Provider <input type="checkbox"/> Plan Member	
Have you received a cheque? No Yes If yes, what is the status of the cheque? Cashed Destroyed		
If an overpayment has occurred, please indicate how this will be reconciled: Apply account balance to next payment Overpayment cheque will be sent		
Reversal Reason: _____ _____ _____ _____		
<input type="checkbox"/> Please reprocess original claim with requested change.		

Requested By:

Name of Authorized Individual (Please print)	Telephone Number
Signature	Date

By signing this claim form, I agree that the information provided on this form is complete and accurate. I understand that the information provided by me to Green Shield Canada will be used by Green Shield Canada for claims adjudication.

**Please fax to: Green Shield Canada
(519) 739-0046**