GreenShield Insurance

CLAIM REVERSAL REQUEST

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

Benefit Type:

☐ Drug	☐ Dental	☐ Audio
☐ Medical Items	☐ Professional Services	☐ Child Care
☐ Vision Care	☐ Hospital Accommodation	☐ _____

Provider Name:	Provider Number:
Patient Name:	Plan Member ID:
Date of Service:	Form I.D. # (Internal use Only):
Procedure Code / DIN:	Rx #:
Description of Product/Service:	
Claim Paid Amount:	Payee Type: ☐ Provider ☐ Plan Member

How did you receive payment from GreenShield?

☐ Cheque or ☐ EFT (direct deposit)

If applicable, what is the status of your cheque?

☐ Cashed or ☐ Not Cashed

If an overpayment has occurred, please check the following:

☐ Refund cheque payable to GreenShield will be sent

☐ GreenShield to apply a negative balance to your next provider bulk payment

Reversal Reason:

_____

_____

_____

_____

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_____

☐ 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 Insurance will be used by Green Shield Canada Insurance for claims adjudication.

Please fax to: Green Shield Canada Insurance
1-519-739-0046