



Insurance

CLAIM REVERSAL REQUEST

RBC Insurance
P.O. Box 1601, Windsor, ON N9A 0B9
1-855-264-2174 Fax: 1-855-612-3031

Benefit Type:	
<input type="checkbox"/> Drug	<input type="checkbox"/> Dental
<input type="checkbox"/> Medical Items	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Vision Care	<input type="checkbox"/> Hospital Accommodation
	<input type="checkbox"/> Audio
	<input type="checkbox"/> _____
Provider Name:	Provider Number:
Patient Name:	Plan Member Number:
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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the status of the cheque? <input type="checkbox"/> Cashed <input type="checkbox"/> 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 RBC Insurance will be used by RBC Insurance for claims adjudication.	
Please fax to: RBC Insurance 1-855-612-3031	