



# 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:**

- |  |   |                                     |
|--|---|-------------------------------------|
| <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:	Provider Number:
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Patient Name:	Plan Member ID:
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Date of Service:	Form I.D. # (Internal use Only):
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Procedure Code / DIN:	Rx #:
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Description of Product/Service:

Claim Paid Amount:	Payee Type: <input type="checkbox"/> Provider <input type="checkbox"/> Plan Member
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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.**