



CLAIM REVERSAL REQUEST

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

Benefit Type:

- Drug, Medical Items, Vision Care, Dental, Professional Services, Hospital Accommodation, Audio

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: Provider, Plan Member

Have you received a cheque? No, Yes (Cashed, Destroyed)

Reversal Reason:

Please reprocess original claim with requested change.

Requested By: Name of Authorized Individual, 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