GreenShield Insurance

PHARMACY ADJUSTMENT FORM

SECTION 1 - PHARMACY INFORMATION

PROVIDER NUMBER	PROVIDER PHONE NUMBER	CONTACT PERSON'S NAME

NAME OF PHARMACY

ADDRESS

CITY | PROVINCE | POSTAL CODE

REASON CODES FOR ADJUSTMENT

1 – PRODUCT SELECTION CODE MISSING – PLEASE INDICATE: 1 OR 2
2 – WRONG QUANTITY
3 – MULTIPLE SIZE (i.e.: 1ML, 5ML, 10ML – INDICATE PACKAGE SIZE DISPENSED)
4 – NO OF MONTHS SUPPLY
5 – CHANGE IN GROSS AMOUNT (COST + FEE)
6 – WRONG DIN USED
7 – RX CANCELLED OR NOT PICKED UP (DEBIT)

REASON: _____

SECTION 2 - CLAIM DETAILS

PLAN MEMBER'S ID	DEP. NO.	SURNAME	FIRST NAME	DISPENSING DATE Y	M	D	DIN	RX NUMBER	NAME OF DRUG	NO OF MTHS	1 OR 2	QTY	GROSS AMOUNT	(COST + FEE)	REASON CODE

SIGNATURE OF PHARMACIST _____ DATE _____

SECTION 3 – MAILING INSTRUCTIONS

PLEASE RETAIN COPIES FOR YOUR FILES AS CORRESPONDENCE PROVIDED WILL NOT BE RETURNED

ALL CLAIMS MUST BE SUBMITTED WITHIN 12 MONTHS OF THE DATE OF SERVICE

PLEASE INDICATE ON MAILING ENVELOPE:

GREEN SHIELD CANADA INSURANCE
P.O. BOX 1652, WINDSOR, ONTARIO N9A 7G5
ATTENTION: DRUG DEPARTMENT

CUSTOMER SERVICE CENTRE 1-888-711-1119 or 519-739-1133 FAX 519-739-6483 TOLL FREE FAX 1-866-797-6483
greenshield.ca