Insurance

CLAIM REVERSAL REQUEST

RBC Insurance
P.O. Box 1601, Windsor, ON N9A 0B9
1-888-264-2174 Fax: 1-855-612-3031

Benefit Type:

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

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

How did you receive payment from RBC?

☐ 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 RBC will be sent

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

Reversal Reason:

_____

_____

_____

_____

_____

_____

☐ 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 Life Insurance Company will be used by RBC Life Insurance Company for claims adjudication.

Please fax to: RBC Insurance
1-855-612-3031