

# Health Benefits Management Request for Claim Retransmission

If a claim is accidentally voided from outside the ninety-day transmission window, TELUS may “open a window” for the pharmacy to retransmit the claim online. These requests are evaluated on a case-by-case basis, as this service may not be provided in all circumstances.<sup>1</sup>

Provider No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
(Print Name)

Pharmacy: \_\_\_\_\_ Pharmacy Telephone: \_\_\_\_\_

HEAT Ticket #: \_\_\_\_\_

Rx #: \_\_\_\_\_ Tx #: \_\_\_\_\_

Rx Date: \_\_\_\_\_

DIN : \_\_\_\_\_

Amount Paid by the Insurer: \$ \_\_\_\_\_

18 Digit Card N°: \_\_\_\_\_  
(Carrier, Group, Certificate)

Why retransmission is required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax the completed form along with a copy of the computer-generated pharmacist's signed hardcopy of the affected claims and a copy of the physician's authorization for a repeat prescription.

**The request will not be considered unless all information is provided.**

Fax your information to 1-866-977-7717 – Attention: “Audit Department”.  
(Quebec requests fax to 1-877-570-5861)

All information sent to the Audit Department is received in a secure environment to maintain confidentiality.

Date of Request: \_\_\_\_\_ Signature: \_\_\_\_\_

<sup>1</sup> No new window will be authorized for deferred payment, card termination, SDVOID or rejected claims.

**Print**