

Adjustment to Account Request

Provider No.: _____ Contact Person: _____
(Print Name)

Pharmacy Name: _____ Pharmacy Telephone: _____

<p>Prescription to be reversed No. 1</p> <p>Rx No.: _____ Tx No.: _____</p> <p>Rx Date: _____</p> <p>DIN: _____</p> <p>Amount Paid by the Insurer: \$ _____</p> <p>Reason: _____</p> <p>_____</p> <p>_____</p> <p>18 Digit Card No.: _____ <small>(Carrier, Group, Certificate)</small></p>	<p>Prescription to be reversed No. 2</p> <p>Rx No.: _____ Tx No.: _____</p> <p>Rx Date: _____</p> <p>DIN: _____</p> <p>Amount Paid by the Insurer: \$ _____</p> <p>Reason: _____</p> <p>_____</p> <p>_____</p> <p>18 Digit Card No.: _____ <small>(Carrier, Group, Certificate)</small></p>
<p>Prescription to be reversed No. 3</p> <p>Rx No.: _____ Tx No.: _____</p> <p>Rx Date: _____</p> <p>DIN: _____</p> <p>Amount Paid by the Insurer: \$ _____</p> <p>Reason: _____</p> <p>_____</p> <p>_____</p> <p>18 Digit Card No.: _____ <small>(Carrier, Group, Certificate)</small></p>	<p>Prescription to be reversed No. 4</p> <p>Rx No.: _____ Tx No.: _____</p> <p>Rx Date: _____</p> <p>DIN: _____</p> <p>Amount Paid by the Insurer: \$ _____</p> <p>Reason: _____</p> <p>_____</p> <p>_____</p> <p>18 Digit Card No.: _____ <small>(Carrier, Group, Certificate)</small></p>

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

By signing this document, you authorize TELUS to take funds from your current provider number for any claim you want to void that was processed with a de-activated provider number.

Date of Request: _____ Signature: _____

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