

Health Benefits Management Request for Claim Retransmission

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

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 pharmacists 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 or 905-602-7365 – Attention: “Audit Department”.
All information sent to the Audit Department is received in a secure environment to maintain confidentiality.

Date of Request: _____ Signature: _____

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

