



## Check and Voucher Request

Fax this form to Blue Cross and Blue Shield of Illinois at 1-618-997-9480

**FROM:**

**IL NPI Number:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_

\_\_\_\_\_

**Attention:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Please check the appropriate box:**

|                                  |                                |   |  |
|----------------------------------|--------------------------------|---|--|
| <input type="checkbox"/> Voucher | <input type="checkbox"/> Check | <input type="checkbox"/> Stop Pay<br>No-Reissue | <input type="checkbox"/> Stop Pay<br>Reissue |
|----------------------------------|--------------------------------|---|--|

**Check or Voucher Number:** \_\_\_\_\_

**Date of Issue:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**If Available:**

**Patient Group and ID Number:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Claim Number:** \_\_\_\_\_

**Is the Entire Voucher Needed or This Patient Only?** \_\_\_\_\_

*\*\*\*When requesting a copy of an UPP Voucher, please attach a copy of the UPP Monthly Statement\*\*\**