



BlueCross BlueShield  
of Illinois

## Check and Voucher Request

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

**FROM:**

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

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

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

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

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

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

Email Address: \_\_\_\_\_

**Please check the appropriate box:**

<input type="checkbox"/> Voucher	<input type="checkbox"/> Check	<input type="checkbox"/> Stop Pay No-Reissue	<input type="checkbox"/> Stop Pay Reissue
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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\*\*\**

**Reminder to be added:**

Providers must allow 30 days from the check issue date before requesting a check copy and 15 days before requesting a voucher copy.