

Stop Pay Reissue/No Reissue or Check Request Form

This form is for providers to request Stop Pay Reissue, Stop Pay No Reissue, or Check Copies. For EFT requests email [Electronic Commerce Services](#) for assistance.

Fax Requests: Fax completed forms to 312-729-2457. Prior to submitting this request form, **allow 30 business days** from the check issue date. Please allow 30 days to receive the requested check.

Responses are sent back via email from [PTC Clerical Support Staff](#). Please ensure to adjust your email setting to allow receipt.

ATTENTION: Duplicate copies of a paper voucher also referred to as a **Provider Claim Summary (PCS)** should **NOT** be requested using this form. We strongly encourage you to enroll to receive the 835 Electronic Remittance Advice (ERA). This will enable you to receive duplicate copies electronically through Remittance Viewer located in Availity® Essentials.

Important Information:

- To view, download and/or print the PCS online, use the Provider Claim Summary tool in the plan's Payer Spaces section via Availity Essentials.
→ Learn more by referring to the [Provider Claim Summary page](#) in the Provider Tools section of our website.
- **If the check has been voided or returned in the mail**, contact Provider Services at 1-888-349-3706. Make sure to have the claim number ready. Choose the Adjust the Claim option.
→ Refer to the [Claims Caller Guide](#) for assistance.
- **Providers Enrolled for 835 ERA**, should access [Availity Essentials](#) to view and help reconcile claim data provided in the 835 Electronic Remittance Advice (ERA) using the Remittance Viewer tool.
→ Refer to the [Remittance Viewer page](#) of our website for assistance.

Note: Blue Cross and Blue Shield of New Mexico (BCBSNM) will only accept one check request per form; a new form must be submitted for each request. If all fields in each section below are not entirely completed, your request will not be processed.

Provider Information	
Date of Request:	
NPI Number:	
Provider Name:	
Provider Billing Address:	
Contact Person:	
Fax Number:	
Email Address:	
<i>Responses will be sent to this email address.</i>	

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Select the appropriate option and provide the requested information:

<input type="checkbox"/> Stop Pay Reissue* <input type="checkbox"/> Stop Pay No-Reissue <input type="checkbox"/> Check Copy
Check Reissue – Has the address for the reissue check been updated recently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Number:
Date of Issue:
Amount:
Patient Group and ID Number:
Member Name:
Claim Number:

***Ensure your [provider profile](#) has been updated before requesting a Stop Pay Reissue request.**

Additional Resources	
Online 835 ERA and EFT Registration Refer to Availity EFT and ERA Enrollment User Guide for assistance.	Contact Electronic Commerce Services for missing or out of balance 835 ERA transactions, 835 EFT Enrollment questions.

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