

Check Trace Form

Participants and Providers use this form to request the MPI Health Plan to trace a claims check.

Any request for Stop Payment of a benefit check (30 days after the issue date) must be in writing, along with a \$5 payment for bank charges. A \$5 per check payment will also be required for copies of cancelled checks. This fee applies to Participants and Providers. Request for Stop Payments may not be made prior to 30 days after the check was issued.

Any request for a re-issuance of a stale-dated (expired) check must also be made in writing. Requests must be made within seven (7) years of the original check issuance date. Upon verification that the check has not cleared the Plan's bank nor already been reissued, the Plan will issue a replacement check. This policy applies to Participants and Providers. The Plan will be unable to issue a replacement check more than seven (7) years after the original check issuance date.

Please provide as much of the following information as possible and submit completed form to the address below:

Participant Name:		
Patient Name:		
Provider of Service:		
Payable to:		
Date of Service:	Amount Paid:	
Claim Number:	Check Number:	
Check Date:	My Daytime Telephone:	
My Address:		
My Fax Number:	My E-mail Address:	

Check One:

- I hereby declare that I did not receive **nor** did I endorse any check for the above dates of service. I am requesting a "**STOP PAYMENT**" be placed on the issued check, and a replacement check be issued to me. (\$5 per check fee.)
- I did receive the above-noted check for the above service dates, but have either misplaced or lost the check in question. Or the check is **stale-dated**. I am requesting a replacement check be issued to me.

Requester Name **(Required)** _____

_____ Date

Requester Signature **(Required)** _____

Submit Completed Form To:

**MPIHP – Accounting Dept., Attn: "Check Tracer Desk"
P.O. Box 1999, Studio City, CA 91614-0999**

Service@mpiphp.org

818 or 310.769.0007, Ext. 174

PLEASE ALLOW UP TO THIRTY (30) DAYS FOR PROCESSING