

ATTENTION: Effective July 11th, 2016 duplicate copies of a paper voucher also referred to as a **Provider Claim Summary (PCS) vouchers** may no longer be requested using this form. We strongly encourage you to enroll to receive the 835 Electronic Remittance Advice (ERA). This will enable you to requests duplicate copies electronically through Remittance Viewer located on the Availity portal. **835 ERA PROVIDERS** currently enrolled, please access Availity to submit your requests electronically. For information on Remittance Viewer, please visit the [Education and Reference/Provider tools section of our website](#).

Fax Requests – Prior to submitting this request form, allow **30** business days from the check issue. **Note: BCBSOK 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. Completed forms can be faxed to 618-997-9480.**

Provider Information

Date of Request:	
NPI Number:	
Provider Name:	
Provider Address:	
Contact Person:	
Phone Number:	
Fax Number:	
Email Address:	

Check Request Information

ERA Registration Form (located under My Account on Availity)	<input type="checkbox"/> Stop Pay Reissue
Remittance Viewer (located under Payments on Availity)	<input type="checkbox"/> Stop Pay No-Reissue
	<input type="checkbox"/> Check Copy
Check Number:	
Date of Issue:	
Amount:	
Patient Group and ID Number:	
Member Name:	
Claim Number:	

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