



Blue Cross and Blue Shield of Nebraska
1919 Aksarben Drive • PO Box 3248
Omaha, Nebraska 68180-0001

Customer Service: 888-592-8961
TTY/TDD: 711
Fax: (402) 398-3809

Check Replacement Form

LCA

Member ID/Provider NPI: _____

Date: _____

Mailing name and address:

Member Name:	ID Number:	Date of Service:	Date Issued:
Claim Number(s):	Check Number:	Check Amount:	

Our records show you have received a check from us that has not cleared our bank. If you have this check, please return it to us so we may reissue it. If the check was lost, or you never received it, please complete and sign the statement below and return this form to us.

We will be happy to issue you a duplicate check. Please allow up to 6 weeks for a replacement check.

Sincerely,

Blue Cross and Blue Shield of Nebraska

I certify that the above referenced check is one of the following:

- It has been found and I will return it; Please issue me a new check.
- It was never received by me; Please issue me a new check.*

* Because you are issuing me a duplicate check, I agree that if the original check comes into my possession, I will not cash or deposit it, I will return it to Blue Cross and Blue Shield of Nebraska.

Signature: _____

Date: _____