



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the
Blue Cross and Blue Shield Association

P.O. Box 3248
Omaha, Nebraska 68180-0001
Telephone 402-390-1800

Customer Service Omaha 390-1820
Toll Free 800-642-8980
Hearing Impaired 390-1888 TTY/TDD

Check Tracer

Fax 402-398-3809

DATE

PATIENT	DATE ISSUED	AMOUNT	CHECK NUMBER
DATE OF SERVICE	CLAIM NUMBER	I.D. NUMBER	

We need your help!

Do you have a check from us that you have never cashed? If so, return it to us so that we may reissue it. Perhaps the check was lost, or you did not receive it. Please complete and sign the statement below and return this form to us. We will be happy to issue you a duplicate check.

Sincerely,

Blue Cross and Blue Shield of Nebraska

PLEASE ALLOW 4-6 WEEKS FOR A REPLACEMENT CHECK

I hereby certify that the above 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 to return to you the first check issued should it ever come into my possession.

Signature _____ Date _____