



BlueCross BlueShield of Montana

Check and Voucher Request Form

Fax Requests - This form may be necessary if you are faxing a check or voucher request directly to Blue Cross Blue Shield of Montana (BCBSMT). **If you are utilizing this form to submit your request, fax to 618-997-9480.** Please allow 30 business days from the check issue date before requesting a check copy and 15 business days before requesting a voucher copy. Please allow 30 business days to receive the voucher copy. **Note: BCBSMT will only accept one check or voucher request per form; a new form must be submitted for each request. If all fields in each section below are not entirely completed, your voucher request will not be processed.**

Provider Information

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

Check and Voucher Request Information

When requesting a copy of a Uniform Payment Program (UPP) Voucher, attach a copy of the UPP monthly statement. (Please check the appropriate box below)

<input type="checkbox"/> Voucher	<input type="checkbox"/> Check	<input type="checkbox"/> Stop Pay No-Reissue	<input type="checkbox"/> Stop Pay Reissue
Check or Voucher Number:			
Date of Issue:			
Amount:			
Is the entire voucher needed or this patient only?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <i>If no and you are requesting information for a specific member, the patient group, ID number, member name and claim number is required.</i> 			
Patient Group and ID Number:			
Member Name:			
Claim Number:			

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