

Stop Pay Reissue/No Reissue or Check Request Form

This form is for providers to request stop pay reissue, stop pay no reissue or check copies.
For electronic funds transfer requests, email [Electronic Commerce Services](#).

Fax completed forms to 312-729-2457.

Before submitting this form, **allow 30 business days** from the check issue date. We respond to requests via email from [PTC Clerical Support Staff](#). Ensure that your email settings allow receipt. Allow 30 days to receive the requested check after faxing us the form.

We accept only **one check request per form**. Submit a new form for each request. Ensure your [provider profile](#) is up-to-date before requesting a stop pay reissue request.

If a check has been voided or returned in the mail: Contact Provider Services at 1-888-349-3706. Choose the option for “adjust a claim.” You will need to provide a claim number. Refer to our [Claims Caller Guide](#).

Duplicate copies of a paper voucher, also known as a Provider Claim Summary, should **not be requested** using this form. To receive duplicate copies **electronically**, enroll to receive the [835 Electronic Remittance Advice](#) via the [Availity® Essentials](#) remittance viewer. Once enrolled for 835 ERA, you can **view and help reconcile claims data** using the remittance viewer. [Learn more](#).

To view, download and print the Provider Claim Summary online, use the Provider Claim Summary tool in the BCBSNM-branded Payer Spaces section in Availity. [Learn more](#).

Complete all fields below to ensure processing.

Provider Information

Request date:	NPI number:
Provider name:	
Provider billing address:	
Contact person:	
Fax number:	Phone number:
Email address (responses will be sent to this address):	

What are you requesting?

<input type="checkbox"/> Stop pay reissue	<input type="checkbox"/> Stop pay no-reissue	<input type="checkbox"/> Check copy
For a check reissue, has the address for the reissue check recently been updated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check number:	Issue date:	
Amount:	Member Group and ID number:	
Member name:	Claim number:	

Additional Resources

- **For online 835 ERA and EFT registration:** See our [Availity EFT and ERA enrollment user guide](#).
- **For missing or out-of-balance 835 ERA transactions or 835 EFT enrollment questions:** Email [Electronic Commerce Services](#).

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