

OPERATING ENGINEERS TRUST FUNDS



I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / DCP

100 CORSON STREET, SUITE 100 • PASADENA, CALIFORNIA 91103 • (626) 356-1000
 P.O. BOX 7063, PASADENA, CALIFORNIA 91109
 WEBSITE: www.oefi.org

Check Trace Form

With this form, Providers may trace a check issued by the Operating Engineers Local 12 Health & Welfare Fund (not Anthem Blue Cross) for payment of claims.

Please complete the form below, and return it to OE along with a \$10 fee for each check trace request.

Make checks payable to: **Operating Engineers Health & Welfare Fund**
Attn Check Tracer Dept.
PO Box 7067
Pasadena, CA 91109-7067

- I did not receive nor did I endorse any check for the claim(s) below. If the check remains uncashed, I request that OE **"STOP PAYMENT"** on the original check and issue a replacement check to me. (Must be at least 30 days from the check issue date). ***If the original check is received after the mailing of this form, please return the check to OE – Do NOT deposit or cash.***
- I received a check for the claim(s) below. It is either expired or lost. I request that OE issue a replacement check to me. (Requests must be made within one (1) year of the original check issue date.)

Member Name/OE ID #:		
Patient Name:		
Provider of Service:		
Payable to:		
Date of Service:	Amount Paid:	
Claim ID:	Check Number:	
Check Date:	My Daytime Telephone:	
My Address:		
Fax Number:	My E-mail Address:	

Requester Name *(Required)*

Date

Requester Signature *(Required)*

For more information, please contact the OE Member Services Dept at 1-866-400-5200

PLEASE ALLOW UP TO THIRTY (30) DAYS FOR PROCESSING