MOTION PICTURE INDUSTRY
PENSION & HEALTH PLANS™

Check Trace Form

With this form, Participants and Providers may trace a check issued by the MPI Health Plan (not Anthem Blue Cross) for payment of claims.

Please complete the form below, and return it to MPI along with a $5 fee for each check trace request.

Make checks payable to: **Motion Picture Industry Health Plan**
Accounting Dept., Attn: "Check Trace Desk"
P.O. Box 1999, Studio City, CA 91614-0999

☐ I did not receive ***nor*** did I endorse any check for the claim(s) below. I request that MPI "***STOP PAYMENT***" on the original check and issue a replacement check to me. (Must be at least 30 days from the check issue date)

☐ I received a check for the claim(s) below. It is either expired or lost. I request that MPI issue a replacement check to me. (Requests must be made within seven (7) years of the original check issue date.)

Participant Name:		
Patient Name:		
Provider of Service:		
Payable to:		
Date of Service:	Amount Paid:	
Claim Number:	Check Number:	
Check Date:	My Daytime Telephone:	
My Address:		
My Fax Number:	My E-mail Address:	

_____ _____
Requester Name ***(Required)*** Date

_____
Requester Signature ***(Required)***

For more information, please contact the MPI Check Trace Line at (818) 769-0007; Extension 174

PLEASE ALLOW UP TO THIRTY (30) DAYS FOR PROCESSING

Rev. 2/14