



Date ___ / ___ / ___

Requestor information *(person requesting the information)*

Requestor name _____

Requestor address _____

City _____ State _____ ZIP _____

Requestor phone _____ Requestor fax _____

Requestor e-mail address _____

Provider information

Provider name _____ NPI # _____

Practice or facility name _____

Provider address _____

City _____ State _____ ZIP _____

Provider phone _____ Provider fax _____

Taxpayer name _____ Tax ID # _____

Check information *If known; or to request, please call customer service at 909-461-1515 Ext.408*

Check number _____ Check amount \$ _____ Check date ___ / ___ / ___

Reason for tracer *Please check appropriate box below and separately attach any supporting documentation.*

- Did not receive check
- Bank rejected check
- Other *Please specify.* _____

- Merit IPA Fax to:** (866) 956-8379
- ChoiceOne IPA Fax to:** (866) 405-1088
- Ascend IPA Fax to:** (866) 376-4020 or
- Email to:** accounting@goldencoastmso.com

For Golden Coast MSO use only

Check cashed *(copy of front and back of check attached)*

Check sent to _____

Stop payment issued on ___ / ___ / ___ New check # _____

Approval signature _____

Request completed on ___ / ___ / ___

Please allow 30 business days for processing.