



REQUEST FOR COPY OF A CANCELLED CHECK

CHECK DETAILS:

Line of Business / Plan: _____
Check Date: _____
Check Number _____
Payable To _____

SEND COPY TO:

C/O _____
Business Name _____
Mailing Address _____

- Or -

C/O _____
Fax Number _____

RETURN COMPLETED FORM TO:

*Schaller Anderson, an Aetna Company
Attn: Lynn Herr - Finance
4645 E Cotton Center Boulevard
Building 1
Phoenix AZ 85040
- or -
Fax to (602) 431-7416*

This form should be returned to Schaller Anderson Finance directly by the requesting provider. Please allow 10 business days for processing. Questions can be answered by contacting the Claims Inquiry/ Claims Research Department (866) 543-2167 (Select Option 2 and then Option 1).