AFFIDAVIT OF LOST/STOLEN/DESTROYED CHECK

_________________________________________ deposes and says:

(Name of Payee’s Representative)

1. That the payee, _______________________, has not received Check No. __________, in the amount of $_________, and that the check has been lost/destroyed/stolen on or about ___/___/______.

2. That the payee requests that Fidelis Care notify the bank to place a stop payment on Check No. __________, and that Fidelis Care issue a duplicate check in lieu of such stopped check.

3. That neither the payee nor any person acting under orders, authority, or control of the payee has attempted or will attempt to negotiate Check No. __________.

4. That if Check No. __________ is negotiated, the payee hereby agrees to complete and sign an affidavit of forgery for such check.

Signed by ____________________________________________, as ____________________________________________, of the payee.

(name) (title)

Payee Signature

________________________________________________________________________

The foregoing affidavit was acknowledged before me, the undersigned Notary Public, by ______________________ this ________ day of ____________________, 20____.

(name of payee)

________________________________________________________________________

Notary Public

Send this ‘Affidavit of Lost/Stolen/Destroyed Check’ to:

Attn: Provider Reimbursement - Finance
Fidelis Care
95-25 Queens Blvd
Rego Park, NY 11374