

**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

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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  
Fidelis Care  
25-01 Jackson Avenue  
Long Island City, NY 11101