



**Blue Cross
Blue Shield**
of Michigan

Member reimbursement form

You must attach the following:

- Copy of receipt to show proof of payment
- Itemized statement/bill to show the service and provider information in section 2 and 3.

Invoices and ledgers are not acceptable documentation.

Please keep a copy of all original documentation.

You can do this online. Go to bcbsm.com and log in, then go to the *Forms* section and select *Reimbursement Forms*.

Section 1 – Subscriber information

Subscriber's first name	Subscriber's last name	Subscriber ID

Note: Your reimbursement will be sent to the address on file for your account.

Section 2 – Patient information

Patient's first name	Patient's last name	Patient's date of birth

	Date of service	Procedure code	Units	Charged amount	Diagnosis code
1					
2					
3					
4					
5					
6					

Was this related to:

☐ Auto accident ☐ Work related ☐ Metabolic diseases & foods ☐ Accidental dental

Section 3 – Provider information

Provider's NPI (10-digit number)	Provider's tax ID (9-digit number)

Section 4 – Other insurance

Name of other insurance	Policy/Medicare ID number

I certify the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient. I understand all material submitted becomes the property of Blue Cross Blue Shield of Michigan and will not be returned. I realize false receipt or fraudulent alterations of these materials will result in civil or criminal prosecution. I authorize the release of any information to process or review this claim.

Sign after printing

Signature	Date

How to submit this form

Fax: 1-844-318-5146	Mail: Blue Cross Blue Shield of Michigan Member Reimbursement – Mail Code 0010 600 E. Lafayette Blvd. Detroit, MI 48226
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If you have questions, call the customer service number on the back of your ID card.