



**Blue Cross  
Blue Shield  
Blue Care Network**  
of Michigan

Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

# Member Dental Claim Reimbursement Request

## Medicare Plus Blue<sup>SM</sup> PPO, BCN Advantage<sup>SM</sup> HMO-POS and BCN Advantage<sup>SM</sup> HMO

Fill out (online or by hand), print, sign and mail this form with original receipts to:

**Blue Cross Blue Shield of Michigan**  
**P.O. Box 49**  
**Detroit, MI 48231**

**When to use this form:**  
Use this form if your dentist can't  
submit the claim for you.

### Member's Enrollee ID

The enrollee or member ID can be found on your Blue Cross ID card

|                           |              |  |
|---------------------------|--------------|--|
| Member ID (12 characters) | Group number | Medicare Plus Blue <sup>SM</sup> PPO<br>BCN Advantage <sup>SM</sup> HMO-POS<br>BCN Advantage <sup>SM</sup> HMO |
|---------------------------|--------------|--|

### Member information

|                    |                     |
|--------------------|---------------------|
| Member's last name | Member's first name |
|--------------------|---------------------|

Member's street address

|      |       |          |                        |
|------|-------|----------|------------------------|
| City | State | ZIP code | Member's date of birth |
|------|-------|----------|------------------------|

Treating dentist's name (not practice name)

Dentist's street address

|      |       |          |
|------|-------|----------|
| City | State | ZIP code |
|------|-------|----------|

### To speed up processing of your request, please remember to:

- Complete one form for each enrollee.
- Mail original receipts showing service details (dental codes, tooth number, and so forth) on provider letterhead.
- Keep copies of your original receipts for your files. We can't return originals to you. Cash register receipts, canceled checks, money orders and personal itemizations can't be used in benefit payment consideration.
- Include any Explanation of Benefit statements you have (showing what charges were paid and not paid) if other dental insurance has processed the service.

I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the enrollee listed above. False receipts or altering of this information will result in civil or criminal prosecution. I authorize the release of any information as described below.

|                      |      |       |
|----------------------|------|-------|
| Enrollee's signature | Date | Phone |
|----------------------|------|-------|

We value your privacy. We won't release any information about you unless you ask us to in writing or we must do so to process or review your claim (sharing with another insurance company, for example). We'll tell you which information we released and to whom, if you request it.

Medicare Plus Blue<sup>SM</sup> and BCN Advantage<sup>SM</sup> are PPO, HMO-POS and HMO plans with Medicare contracts. Enrollment in Medicare Plus Blue and BCN Advantage depends on contract renewal.