



Blue Cross Blue Shield of Michigan contracts with the federal government and is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

BCBSM Medicare Plus Blue SM and Medicare Plus Blue Group SM Reimbursement request for charts supplied to MedAssurant

Date reimbursement request FAXED (800-431-9451) to BCBSM: _____

Please include:

- This completed cover sheet
- Chart pull list supplied by Med Assurant

*****Please note, BCBSM only reimburses for BCBSM Medicare Plus Blue individual and BCBSM Medicare Advantage group members. Requests for Blue Care Network members are not reimbursable due to established contractual arrangements.**

Date of MedAssurant review:		
Site ID(s):		
Contact person (name and phone):		
Number of BCBSM Medicare Plus Blue members identified for review:		
Records requested were pulled and:		<input type="checkbox"/> Faxed or mailed to MedAssurant <input type="checkbox"/> Onsite review <input type="checkbox"/> Other (electronic access or CD)
Check should be issued to: (Please supply complete name and address)		

To be completed by BCBSM:

Date payment mailed:		
Check number:		
Number of charts being reimbursed:		
Note (if any):		