



# Physician Requisition Fax Form

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Form Name	Description	Form Number	Quantity per Package	Quantity Requested	Quantity Sent
Adult Medical History	Used to document member's medical history as part of the member's medical record	BCN0948	Package of 25	_____ packages	_____ packages
Establishing an Advance Directive	Completed by patient to indicate the patient's instructions regarding various forms of treatment	CB1369	1		
Breast Assessment/Mammogram History	Used to document findings of a breast examination	AD0033	Pad of 25	_____ pads	_____ pads
FYI: Understanding Emergency Care Coverage and Procedures	Contains definitions of "accidental injury" and "medical emergency," what to do in an emergency, and emergency care away from home	CF5693	1		
FYI: Understanding the Referral Process	Referrals start with your primary care physician, about BCN's specialist network, and referral guidelines	CF5694	1		
FYI: Your Primary Care Physician	Describes the role of primary care physician, types of primary care physicians and how to choose a physician	CF5695	1		
Physical Examination Worksheet	Used by primary care physicians to document findings of a member's physical examination	AD0034	Pad of 25	_____ pads	_____ pads
Progress Notes	Used by primary care physicians to document member visits as part of the member's medical record	AD0032	1 pad of 100	_____ pads	_____ pads
Vital Signs Sticker	Used by primary care physicians to document vital signs and tobacco habits as part of the member's medical record	CF4883	Package of 50	_____ packages	_____ packages
BCBSM Michigan Health Benefits Claim Review Form	Used by physicians to question a claim payment or denial. Formatted for pin-feed printers	CC6742	To order these two forms, obtain an order form from the BCBSM Web site at <b>bcbsm.com/pdf/wp_4095.pdf</b>		
BCBSM Status Claim Review Form	Alternative to Michigan Health Benefits Claim Review Form: Formatted for laser printers	CF9172			

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