



**Blue Cross
Blue Shield**
of Michigan

**BLUE CROSS BLUE SHIELD OF MICHIGAN
FACILITY AND PROFESSIONAL SUPPLY REQUISITION**

Date

(PRINT OR TYPE THIS FORM CLEARLY)

How to order forms and supplies:

**Fax your order to: Document Distribution Services - L800
Fax Number (248) 486-2017**

**Or mail to: Document Distribution Services - L800
53200 Grand River
New Hudson, MI 48165**

FORM NO.	ITEM	QTY. ORDERED	MAXIMUM QTY.	QTY. SHIPPED
0420	Payment - to - Subscriber Prescription Drug Claim Form		25 ea	
0478	Reverification for FEP		200 ea	
0880	Patient Transfer Forms		3,000 ea	
1362	Status Claim Review Form with NPI - Laser Sheet - Non Continuous		100 ea	
1366	Status Claim Review Form with NPI - Continuous		100 ea	
1817	Coordination of Benefits Inquiry		25 ea	
1994	Physician Certification for Substance Abuse Treatment		1,000 ea	
2655	Self - Addressed Envelope for BCBSM Claim Form (P.O. Box 166)		500 ea	
2680	Marquette District office Self - Addressed Return Envelope		50 ea	
2685	Dental Self - Addressed Return Envelope		50 ea	
3128	Foot Surgery Predetermination Treatment Plan		100 ea	

FORM NO.	ITEM	QTY. ORDERED	MAXIMUM QTY.	QTY. SHIPPED
4579	Pay Pharmacy - Pharmacy Service Report		3 Cartons	
5129	BCBSM Self - Addressed Claim Form Return Envelope		50 ea	
5150	Pharmacy Self - Addressed Return Envelope		50 ea	
5827	Foot Surgery Self - Addressed Return Envelope		50 ea	
6742	Michigan Health Benefits Status Claim Review - Continuous		1,000 ea	
6932	BCBSM Hearing Aid Program Provider's Participating Status Form		500 ea	
9147	Trust Referral Form (PPO/POS)		100 ea	
9172	Status Claim Review Form - Laser Sheet - Non Continuous		100 ea	
9809	Federal Employment Program (FEP) Self - Addressed Return Envelope		50 ea	
9962	Request for Precertification or Certification		100 ea	

The following CMS forms indicated below must be purchased. Attach check with your requisition. Price of forms includes shipping and handling.

CMS claim forms (12/90 revision)

FORM NO.	ITEM FOR SALE	QTY. ORDERED	PRICE PER CARTON	QTY. SHIPPED
1500	CMS Claim Form - 2PT - Continuous with barcode (1000/case)		\$40.67	
1501	CMS Claim Form - 2PT - Snapout with barcode (500/case)		\$20.88	
1504	CMS Claim Form - 1PT - Continuous with barcode (1000/case)		\$15.61	

For CMS claim forms, mail this order and your check (payable to BCBSM) to:

**Document Distribution Services - L800
Blue Cross Blue Shield of Michigan
53200 Grand River
New Hudson, Michigan 48165**

CMS claim forms (08/05 revision) - Must use after 07/01/07

FORM NO.	ITEM FOR SALE	QTY. ORDERED	PRICE PER CARTON	QTY. SHIPPED
1500N	CMS Claim Form - 2PT - Continuous (1000/case)		\$40.67	
1501N	CMS Claim Form - 2PT - Snapout (500/case)		\$20.88	
1504N	CMS Claim Form - 1PT - Continuous (1000/case)		\$15.61	

Ship order to:

Provider Name	
Street Address	
City	State Zip Code
Attn:	Phone Number