



**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)		100 ea	
9172	Status Claim Review Form - Laser Sheet - Non Continuous		100 ea	
9809	Federal Employment Program (FEP) Self - Addressed Return Envelope		50 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 (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	

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**

Ship order to:

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