

Advantage Dollars Flex allowance reimbursement form

Use this form if you're a Blue Cross Blue Shield of Michigan Medicare Plus Blue PPOSM plan member to request reimbursement for the Advantage Dollars Flex allowance benefit when another form of payment had to be used due to technical card issues at a participating location. The Advantage Dollars Flex allowance may be used to purchase eligible dental, vision and hearing items and services. Approved reimbursement amounts will be deducted from the balance of the Advantage Dollars card for the calendar quarter in which items were purchased.

This form is for eligible items purchased at participating locations using a form of payment other than your Advantage Dollars Flex card.

- Include a dated, itemized receipt from a qualifying retailer as proof of payment. Circle the items on the receipt for which you're requesting reimbursement. **Reimbursement requests without receipts can't be processed.**
- Mail original, readable, itemized receipts only. Please make a copy of your original receipts for your files. We can't return originals to you.
- Participating locations include any dental, vision or hearing providers. Services must be at a provider office. Walmart and other retail locations are excluded.

Complete the form online or print and mail a completed form to the address on the next page.

Member ID number	
	This number can be found on your Blue Cross member ID card.
Advantage Dollars card number	
	This number can be found on your Advantage Dollars card.
First and last name	
Date of birth	
Street address line 1	
Street address line 2	
City	
State	
ZIP code	

Reimbursement information

Purchase date	Retailer	Item name/description	Number of items	Total item(s) cost
<i>Example: 2/1/24</i>	<i>VSP</i>	<i>Frames</i>	<i>1</i>	<i>\$45.00</i>
Total requested amount:				\$

Include any additional information on a separate sheet.

Please note: The requested reimbursement amount may not exceed the available card balance at the time the purchase was made. To check your account balance, call the number on the back of your card or go to www.bcbsm.com/medicareotc and register or log in to you secure Advantage Dollars account.

Reimbursement requests take up to 60 business days to process upon receipt.

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

Member's signature

Date

Phone

Your right to confidentiality: We will not release any information about you unless you ask us to in writing or when release is necessary to process or review a claim (to another insurance company, for example). We will tell you which information we release to whom, if you request it.

Complete the form online or by hand, sign and date the printed form, then mail it with original receipts to:

Blue Cross Blue Shield of Michigan
 Medicare Plus Blue PPO
 Customer Service Inquiry Department – Mail Code X521
 600 E. Lafayette Blvd.
 Detroit, MI 48226-2998