



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Advantage Dollars allowance reimbursement form

Use this form if you're a Medicare Plus BlueSM plan member to request reimbursement for the Advantage Dollars card allowance benefit when another form of payment had to be used due to technical card issues at a participating retail location. These allowances are replenished once per calendar quarter. The Advantage Dollars card may be used to purchase eligible over-the-counter, or OTC, products and food items*. Approved reimbursement amounts will be deducted from the balance of your Advantage Dollars card for the quarter in which items were purchased.

Please note: This form is for eligible items purchased at participating retailers using a payment other than your Advantage Dollars card.

- Include a dated, itemized receipt from a qualifying retailer as proof of payment. Circle the items on the receipt for which you are requesting reimbursement. **Reimbursement requests without receipts can't be processed.**
- Mail original, readable, itemized receipts. Please make a copy of your original receipts for your files. We can't return originals to you.
- To search for eligible products and participating retailers, go to www.OTCNetwork.com or call Customer Service at the number on the back of your member ID card.

Complete the form online. Or you can print and complete by hand, sign and date it.

Member ID number	This number can be found on your 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	

*Those with qualifying chronic conditions can purchase food items with your allowance. Blue Cross will notify you if you're eligible.

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Reimbursement information

Purchase date	Retailer	Item name/description	Number of items	Total item(s) cost
<i>Example: 2/1/24</i>	<i>Meijer</i>	<i>Colgate toothpaste</i>	<i>1</i>	<i>\$3.49</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 in the calendar quarter the purchase was made. To check your account balance, call the number on the back of your Advantage Dollars card or go to www.bcbsm.com/medicareotc and register or log in to your secure member 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

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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 and print or print and complete by hand, sign and date, then mail this form 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