



Member Reimbursement Form

You must attach the following:

- Copy of receipt to show proof of payment; if ambulance, also include run report.
- Itemized statement/bill to show the service and provider information in section 2 and 3.
- Invoices and ledgers are not acceptable documentation. Please keep a copy of all original documents.
- Prescription or letter of medical necessity required for hearing aids, glasses, durable medical equipment and supplies.

You can do this online. Go to bcbsm.com and log in, then go to the *Claims* section and select *Reimbursement Forms*.

Section 1 – Subscriber information

Subscriber's first name	Subscriber's last name	Subscriber ID

Note: Your reimbursement will be sent to the address on file for your account.

Section 2 – Patient information

Patient's first name	Patient's last name	Patient's date of birth

	Date of service	Procedure code	Modifier	Units	Charged amount	Diagnosis code
1						
2						
3						
4						
5						
6						

Was this related to:

☐ Auto accident ☐ Work related ☐ Metabolic diseases & foods ☐ Accidental dental

Section 3 – Provider information

Provider's NPI (10-digit number)	Provider's tax ID (9-digit number)

Section 4 – Other insurance

Name of other insurance	Policy/Medicare ID number

I certify the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient. I understand all material submitted becomes the property of Blue Cross Blue Shield of Michigan and Blue Care Network and will not be returned. I realize false receipt or fraudulent alterations of these materials will result in civil or criminal prosecution. I authorize the release of any information to process or review this claim.

Signature	Date

How to submit this form

Mail: Blue Cross Blue Shield of Michigan/Blue Care Network P.O. Box 44530 Detroit, MI 48232-0530	Reminder: This form must be completed in full and include all required documentation. Requests submitted without the necessary information will not be processed.
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If you have questions, call the customer service number on the back of your member ID card. TTY users call **711**.