

Instructions: Complete this form when requesting escalation for certain BlueCard® commercial claim payments. Only claims that fit one of the scenarios below qualify for escalation. Once complete, save and attach this form to an email to BCEscalatedInquiries@bcbsm.com.

Important: Only Blue Cross Blue Shield of Michigan and Blue Care Network commercial providers that are members of the provider multidistrict litigation, or MDL, settlement class can request escalations. For additional information on the settlement, visit bcbsprovidersettlement.com.*

Provider information	
Name:	NPI:
Contact name:	Phone number:
Email address:	
Patient information	
Name:	
Contract number – must include 3-character prefix:	
Claim information	
Claim number (ICN):	Date of service:
Claim charge:	
Escalation scenario	
Select one type of open BlueCard commercial claim for which you're requesting escalation:	
<input type="checkbox"/> Aged 45 calendar days or more from the submission date and billed charges of \$1 million or more <input type="checkbox"/> Aged 60 calendar days or more from the submission date and billed charges of \$500,000 or more <input type="checkbox"/> Aged 90 calendar days or more from the submission date and billed charges of \$300,000 or more	
Comments (optional)	
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*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

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