



**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 (866) 306-0555**

**Or mail to: Document Distribution Services - L800  
53200 Grand River  
New Hudson, MI 48165**

FORM NO.	ITEM	QTY. ORDERED	MAXIMUM QTY.	QTY. SHIPPED
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 310166)		500 ea	
2685	Dental Self - Addressed Return Envelope (P.O. Box 310049)		50 ea	
5129	BCBSM Self - Addressed Claim Form Return Envelope (P.O. Box 312500)		50 ea	

FORM NO.	ITEM	QTY. ORDERED	MAXIMUM QTY.	QTY. SHIPPED
6932	BCBSM Hearing Aid Program Provider's Participating Status Form		500 ea	
9809	Federal Employment Program (FEP) Self - Addressed Return Envelope (P.O. Box 312599)		50 ea	
13059	Blue Preferred Plus (BPP) PPO Program Referral form		1 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 (02/12 revision) - Must use after 04/01/14**

1500	CMS Claim Form - 2PT - Continuous (1000/case)		\$143.64	
1501	CMS Claim Form - 2PT - Snapout (500/case)		\$119.60	
1504	CMS Claim Form - 1PT - Continuous (1000/case)		\$87.90	
1505	CMS Claim Form - Laser cut sheet (500/case)		\$19.99	

**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