Blue Cross Blue Shield of Michigan

Office of the General Counsel
Subrogation Department
232 S. Capitol Ave., L09A
Lansing, Michigan 48933-1504
(517) 325-4658
FAX No. (877) 257-2012
E-mail: SubrogationUnit@bcbsm.com

# BCBSM SUBROGATION QUESTIONNAIRE

FAX COMPLETED FORM TO 877-257-2012 or MAIL TO ADDRESS ABOVE

| Date | Patient Name | Date of Birth |
|---|---|---|
| Contract # (9 digit number on BCBSM card) | Spouse (if on BCBSM policy) | |
| BCBSM policy holder's name (if different from the patient's name) | | Date of Birth |
| Your phone number | | |

Type of case (select one)

☐ Personal Injury ☐ Product liability ☐ Medical malpractice ☐ Workers' compensation

☐ Motor vehicle accident In what state did it occur? _____ In what state does the liable party live? _____

☐ Motorcycle accident Was a vehicle involved? Yes ☐ No ☐

☐ Other _____

| Court or workers comp bureau, if known | |
|---|---|
| Date of injury | Type of injury/area of body injured |
| NOTES: | |

| Attorney name (if you've hired one) | | | |
|---|---|---|---|
| Attorney law firm name | | | |
| Attorney street address | City | State | Zip code |
| Attorney phone number | Attorney fax number | | |

| Insurance company name | | | |
|---|---|---|---|
| Insurance adjuster name | Insurance claim number | | |
| Insurance company street address | City | State | Zip code |
| Insurance adjuster phone number | Insurance adjuster fax number | | |
| Date and type of next scheduled hearing date | | | |

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