



Anti-Fraud Complaint Form

Report fraud by mail or fax

Mail to us at: **Blue Cross Blue Shield of Michigan
Corporate & Financial Investigation Department MC 1825
600 E. Lafayette
Detroit, MI 48226**

Fax to us at: **(800) 590-4616**

Please fill in as much information as possible. The information in this form is neither secure nor encrypted. Please include your contact information if you would like a response. You may remain anonymous. All information we receive is strictly confidential.

- Your information refers to you, the person reporting the fraud. As noted in the form, completing this section is optional if you wish to remain anonymous.
- Insured's information refers to the person who carries the insurance.

Your information (optional - you may remain anonymous)			
First name		Last name	
Address		City	State ZIP code
Telephone number	Evening telephone number	Email address	

Insured's information (person who carries the insurance)			
First name		Last name	
Enrollee ID		Telephone number	
Address		City	State ZIP code

Person or Company your complaint is about					
Name				Telephone number	
Address			City	State	ZIP code
Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	Weight	Height	Known Associates	Date of incident(s)

Summary of complaint
Summary