Blue Cross Blue Shield Blue Care Network of Michigan

Blue Cross Blue Shield of Michigan
Commercial PPO Provider Appeal Form

Most claim disputes can be resolved by contacting Provider Inquiry. However, if you are still dissatisfied and your claim remains unresolved after contacting Provider Inquiry, you may submit a written appeal by completing this form. If you are including documents to support your request, send us one copy of your documents and keep all original documents.

Provider Information Section

Provider's name	Provider's PIN	Daytime telephone number

Address	City	State	ZIP Code

Enrollee/Patient Information Section

Enrollee's name	Enrollee ID	Group number

Patient's name (if different from enrollee)	Daytime telephone number

Address	City	State	ZIP Code

Claim Detail Section

Date(s) of service	Location of service

Type(s) of service

Tell us why you are requesting this appeal:

Note: Please provide us with the name of the Provider Inquiry representative and date of your call along with your contact information to help us expedite your appeal. Your contact information will help us reach you if we have questions about your appeal.

Provider Inquiry representative name	Date of call

Your first and last name: _____

Contact information: _____ Date: _____

Mailing Address:

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Mail Code - 1620
Detroit, MI 48226-2998
Fax: 1-877-348-2210

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