



**BLUE CROSS BLUE SHIELD OF MICHIGAN
FACILITY AND PROFESSIONAL SUPPLY REQUISITION**

(PRINT OR TYPE THIS FORM CLEARLY)

Date

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
0420	Payment - to - Subscriber Prescription Drug Claim Form		25 ea	
0880	Patient Transfer Forms		3,000 ea	
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	
2680	Marquette District office Self - Addressed Return Envelope		50 ea	

FORM NO.	ITEM	QTY. ORDERED	MAXIMUM QTY.	QTY. SHIPPED
2685	Dental Self - Addressed Return Envelope (P.O. Box 310049)		50 ea	
3128	Foot Surgery Predetermination Treatment Plan		100 ea	
4579	Pay Pharmacy - Pharmacy Service Report		3 Cartons	
5129	BCBSM Self - Addressed Claim Form Return Envelope (P.O. Box 312500)		50 ea	
5150	Pharmacy Self - Addressed Return Envelope		50 ea	
5827	Foot Surgery Self - Addressed Return Envelope		50 ea	
6932	BCBSM Hearing Aid Program Provider's Participating Status Form		500 ea	
9147	Trust Referral Form (PPO)		100 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)		\$98.20	
1501	CMS Claim Form - 2PT - Snapout (500/case)		\$42.12	
1504	CMS Claim Form - 1PT - Continuous (1000/case)		\$40.45	
1505	CMS Claim Form - Laser cut sheet (500/case)		\$15.65	

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