

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?							
Other							
Court or workers comp bureau, if known							
Date of injury T	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		<u> </u>	Attorney fax number				
Insurance company name							
Insurance adjuster name			Insurance claim number				
Insurance company street address		City	1	State		Zip code	
Insurance adjuster phone number			Insurance adjuster fax number				
Date and type of next scheduled hearing date							