A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Medicare Plus Blue℠ PPO, Medicare Advantage plan

Member Reimbursement Form

To speed up processing of your request, please complete the form, printing clearly, sign and date it.

- If submitting claims for more than one family member, complete a new form for each person.
- Mail only original clear itemized bill(s) on your provider's letterhead for each medical expense. Your provider's office should be able to provide the following to you upon request:
  - Name of Patient
  - Date(s) of service
  - Who provided the service (doctor or facility name), phone number, Tax ID and National Provider Identifier (or NPI)
  - Amount charged for each service
  - Procedure description and/or Diagnosis code (description of service)
  - Proof of payment

Without this information, we can't process your claim and we'll have to return it to you. Cash register receipts, cancelled checks, money orders, and personal itemizations aren't accepted as original receipts.

- Please make a copy of your original receipts for your files. We can't return originals to you.

Enrollee ID
The enrollee (member ID) can be found on your Blue Cross ID card.

Enrollee ID

Member information

Enrollee's last name		Enrollee's first name	
Enrollee's street address			
City		State	ZIP code
Enrollee's date of birth	Sex ☐M ☐F	Date of injury/illness	Was this related to an auto accident? ☐Yes ☐No
Was this work related? ☐Yes ☐No		Other health insurance? ☐Yes ☐No	
Name of other health insurance		Policy number	

I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the enrollee listed above. False receipts or altering of this information will result in civil or criminal prosecution. I authorize the release of any information as described below.

Enrollee's signature	Date	Phone

Your right to confidentiality: We will not release any information about you unless you ask us to in writing or when release is necessary to process or review a claim (to another insurance company, for example). We will tell you which information we release to whom, if you request it.

Fill out (online or by hand), print, sign and mail this form with original receipts to:

Blue Cross Blue Shield of Michigan
Imaging and Support Services
P.O. Box 32593
Detroit, MI 48232-0593

Medicare Plus Blue is a PPO plan with a Medicare contract.
Enrollment in Medicare Plus Blue depends on contract renewal.