

Antifraud Complaint Report

- ➔ Please fill in as much information as possible.
- ➔ Click mouse on first field.
Use the tab key to move between fields.
- ➔ Our address and fax number will print with the form.

BCBSM Antifraud Unit

Protecting your health care dollars



Antifraud Complaint Report

Your Information

Refers to you, the person reporting the fraud.
This section is optional if you wish to remain anonymous.

Name

Address

City State Zip

Home phone call after

Work phone call after

Insured's Information

Refers to the individual who carries the insurance.

Name

Address

City State Zip

Home phone

Contract Number
(This number may be found on the BCBSM ID card and any Explanation of Benefits statement)

Individual or Company Complaint is About

Name

Address

City State Zip Phone number

individual's Identifying characteristics:

Known associates:

Sex Race Eye Color
Height Weight

Date of incident(s):

Summary of complaint:

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Mail the form to us at:

Blue Cross and Blue Shield
Corporate & Financial Investigations Department
27000 West 11 Mile Road
Mail Code B759
Southfield, MI 48034

Fax this form to us at:

(248) 448-5232