



**Blue Care
Network
of Michigan**

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

Group Forms/Brochures/Flyers Fax Form

Please fax your request to (248) 455-3651

Please print or type

Please allow five days for delivery.

Company name	Ordered by (name)	Date
Attention		Group number
Address (city, state, Zip) Cannot be shipped to a P.O. box		Telephone

FORM NAME	DESCRIPTION	FORM NO.	QUANTITY ORDERED	QTY. MAILED
Enrollment/Change of Status form	Used to enroll new employees; change employee's name or address; add members to a contract; terminate coverage; change member's PCP	CN3559	(multiples of 50)	
Group FYIs (single-sheet descriptions for groups)	What We Need to Know within 30 Days	CF6257		
	Understanding Your Invoice	CF5644		
	Your BCN Drug Benefits	CF9004		
Mail order pharmacy brochure and envelope	Used by members to order prescription medication by mail. Note: May not apply to all groups	AB584		
Member brochures	Disease Management and Health Education program summary	CF9046		
	BCN overview – for most commercial plans	CB7262		
	BCN overview – for Blue Elect Self-Referral Option	CB9054		
	BCN overview – for plans with a medical deductible	CF0100		
Member FYIs (single-sheet descriptions for members)	Behavioral Health Coverage	CF9000		
	Generic Drugs and Cost Effectiveness	CF9001		
	Laboratory Services	CF9002		
	Outpatient Rehabilitation	CF9003		
	Understanding Emergency Procedures	CF5693		
	Understanding Emergency Procedures -- Spanish	CF5692		
	Understanding the Referral Process	CF5694		
	Understanding the Referral Process -- Arabic	CF5455		
	Understanding the Referral Process -- Spanish	CF4902		
	What Should I Do If I Receive a Medical Bill?	CF7282		
	What Should I Do If I Receive a Coordination of Benefits Questionnaire?	CF7288		
	Your Primary Care Physician	CF5695		
Your Primary Care Physician -- Spanish	CF4901			
Member Handbook	How to manual for using BCN benefits and programs	CB3804		
Provider directory	Lists primary care physicians, OB-GYNs, specialists and hospitals by region.	East	CB6497	
		Mid	CB9862	
		Southeast	CB7883	
		West	CB7507	
Your Health Care Coverage Goes with You	Brochure for members that describes their benefits when they travel	CF2448		

If you need a form that is not on this list, please call Field Services at 1-877-465-5120. To order open enrollment or new hire kits, contact your sales representative or independent agent.

To mail this request: Blue Care Network of Michigan, PO Box 5043, Southfield, MI 48086-5043