



MEDICARE ADVANTAGE

MEMBER APPLICATION FOR PAYMENT CONSIDERATION

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

Blue Cross Blue Shield of Michigan
Imaging and Support Services
P.O. Box 440
Southfield, MI 48037-0440

Fill out online, print, sign and mail with original receipts to:

THIS INFORMATION CAN BE TAKEN FROM YOUR BCBSM ID CARD



MEMBER'S ALPHA/NUMERIC CONTRACT NUMBER	
Alpha	Numeric

MEMBER INFORMATION	MEMBER'S LAST NAME	MEMBER'S FIRST NAME	BCBSM GROUP

MEMBER'S STREET ADDRESS		
CITY	STATE	ZIP CODE

MEMBER'S DATE OF BIRTH	SEX	DATE OF INJURY/ILLNESS	WAS THIS RELATED TO AN AUTO ACCIDENT?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO

WAS THIS WORK RELATED?	OTHER HEALTH INSURANCE?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF OTHER INSURANCE	POLICY NUMBER

I certify that the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient. I understand all material submitted becomes the property of Blue Cross Blue Shield of Michigan and will not be returned. I realize false receipt or fraudulent alterations of these materials will result in civil or criminal prosecution. I authorize the release of any information.

DATE	PHONE	MEMBER'S SIGNATURE

To speed up processing remember to:

- Complete separate forms for different members.
- Mail only original receipts including all pertinent information on provider's letterhead. Documentation must include the **date of service, charge, procedure code** and **diagnosis code** (flu shots do not require procedure and diagnosis code). Without this information your claim will be returned to you. Cash register receipts, cancelled checks, money orders, and personal itemizations cannot be used in benefit payment consideration.
- Make copies of the original receipts for your files before submitting the original. All materials submitted will be retained by BCBSM and cannot be returned to you.

YOUR RIGHT TO CONFIDENTIALITY: We will not release any information about you except: when 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.

Medicare Plus Blue PPOSM and Medicare Plus Blue PFFSSM are health plans with a Medicare contract.