

BCN AdvantageSM



Blue Care Network
of Michigan

Medicare and more

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

P.O. Box 68753
Grand Rapids, MI 49516-8753

Customer Service Phones
1-800-450-3680
TTY for the hearing impaired
1-800-430-3211

Customer Service Hours
8 a.m. to 8 p.m.
Monday through Friday

(Please check one)

MEMBER CLAIM FORM

Applies to bills sent to you in error.
Please attach copies of any bills.

MEMBER REIMBURSEMENT FORM

Applies to services for which you paid and are requesting reimbursement.
Please attach any receipts from providers, pharmacy (including medication dispensed), etc., and copies of cancelled check(s), both front and back sides.

MEMBER INFORMATION

Patient Name		Birthdate	
Subscriber Name		Contract No.	
Address		City	State
		Zip Code	
Phone	Day – Evening –	PCP who wrote referral	PCP Number (if known)

PROVIDER / BILLING INFORMATION

Provider Name	
Address	
Phone	
Service	
Date of Service	
Total Charges	If Requesting Reimbursement, Total Paid
\$	\$

ADDITIONAL INFORMATION: Complete any information that applies.

1. Was the above service rendered on an emergency basis? Yes No
2. Was your BCN Advantage primary care physician notified? Yes No – If No, explain below
3. Were you referred to the attending provider by your primary care physician? Yes No – If No, explain below

If applicable, please explain why services were not performed by a BCN Advantage participating provider.

Please explain the circumstances regarding your claim/reimbursement request.
(Attach additional sheets if necessary.)

I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT.

Subscriber's Signature	Date
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