



# Member Billing Form

## Customer Service

800-662-6667  
800-257-9980 (TTY users)

8 a.m. to 5:30 p.m.  
Monday through Friday

*Send with provider bills that haven't been paid.*

*If you paid the bill, please call Customer Service and ask for our Member Reimbursement form. You can also get a form online at **MiBCN.com/forms**.*

Member Claim Inquiry – C225  
Blue Care Network  
PO Box 68767  
Grand Rapids, MI 49516-8767

### HOW TO USE THIS FORM

Please use this form to send us a bill you received from a medical provider or pharmacy and haven't paid. Send it to the address at the top of this page. Use one form for each bill you receive.

Please keep a copy of everything you send us.

### MEMBER INFORMATION

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

### SERVICE INFORMATION

1. Was the service rendered on an emergency basis?  Yes  No
2. Was your BCN 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 participating provider.


Please explain the circumstances regarding this service. (Attach additional sheets if necessary.)


### I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT.

Subscriber's Signature	Date
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