



Member Billing Form

Customer Service

1-800-662-6667
1-800-257-9980 (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 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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