



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

BCN AdvantageSM HMO, HMO-POS, Medicare Advantage plans Member Reimbursement Form

To speed up processing of your request, please complete the form, printing clearly, sign and date it.

- If submitting claims for more than one family member, complete a new form for each person.
- Mail only original clear itemized bill(s) on your provider's letterhead for each medical expense. Your provider's office should be able to provide the following to you upon request:
 - Name of Patient
 - Date(s) of service
 - Who provided the service (doctor or facility name), phone number, Tax ID and National Provider Identifier (or NPI)
 - Amount charged for each service
 - Procedure code (the description of service) **AND** Diagnosis code (the reason for visit)
 - Proof of payment (i.e. an itemized statement from your provider that shows the amount paid)

Without this information, we cannot process your claim and we'll have to return it to you. Cash register receipts and canceled checks are accepted as proof of payment in certain cases. Money orders and personal itemizations are not accepted as proof of payment.

- Please make a copy of your original receipts for your files. We cannot return originals to you.

Section 1 - Member Information

Enrollee ID *The enrollee (member ID) can be found on your BCN Advantage ID card.*

Last Name		First Name		Date of Birth
Address			City	State/ZIP Code

Section 2 - Comments

Please explain the circumstances for your claim/reimbursement request:

Section 3 - Signature

The above statements and attachments are true and complete to the best of my knowledge

X _____
 Signature Date

Section 4 - Instructions

Fax to: 1-866-637-4972

Or

Mail to:

Member Reimbursements – G804
 Blue Care Network
 P.O. Box 68753
 Grand Rapids, MI 49516-8753

Please keep a copy of all documents you send us. Allow 30 days for processing.

Questions? Call the number on the back of your ID card, 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 to February 14. TTY users call 711.

Please send the provider's statement and a copy of your paid receipt by U.S. mail or fax. Make sure the statement shows the patient's name, date of service, diagnosis code (a code that describes your condition), procedure code (a code that describes what service your provider is billing for), the amount charged for each service performed and proof of payment. If you have questions about your claim(s), please call Customer Service.

BCN Advantage is an HMO and HMO/POS plan with a Medicare contract. Enrollment in BCN Advantage depends on contract renewal.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-450-3680 (TTY: 711).

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
1-800-450-3680 (رقم هاتف الصم والبكم: 711).