



## Fraud Complaint Form

### Report fraud by mail or fax

Mail to us at: **Blue Cross Blue Shield of Michigan  
Corporate & Financial Investigations Department MC 1325  
600 E. Lafayette  
Detroit, MI 48226**

Fax to us at: **(800) 590-4616**

Please fill in as much information as possible. The information in this form is neither secure nor encrypted. Please include your contact information if you would like a response. You may remain anonymous. All information we receive is strictly confidential.

- Your information refers to you, the person reporting the fraud. As noted in the form, completing this section is optional if you wish to remain anonymous.
- Insured's information refers to the person who carries the insurance.

Your information (optional - you may remain anonymous)			
First Name	Last Name		
Street Address	City	State	ZIP code
Phone Number	Email		

Insured's information (the person who carries the insurance)			
First Name	Last Name		
Subscriber ID, Formerly Enrollee ID	Phone Number		
Street Address	City	State	ZIP code

Person or company your complaint is about			
Name	Phone Number		
Street Address	City	State	ZIP code

Date and description of your complaint (when the event took place, and what occurred):

Summary of Complaint
Summary