Blue Cross Blue Shield Blue Care Network of Michigan

MEMBER APPEAL FORM

Blue Cross Blue Shield of Michigan will accept your request for an appeal when the request is submitted within **180 days from the initial denial notification.** If more than 180 days have passed since you were notified, and you still have a question, please call your Customer Service Center using the number on the back of your BCBSM ID card.

SUBSCRIBER/ PATIENT INFORMATION

Subscriber's Name	BCBSM Subscriber (Member) ID Number	Group Number

Patient Name (if different from subscriber)	Relationship to Subscriber	Daytime Telephone Number
	☐ Self ☐ Spouse ☐ Dependent	

Mailing Address	City	State	Zip Code
		Select...	

APPEAL REQUEST

You can appeal a prior authorization or post-service claim.

A prior authorization claim is a claim for services that requires approval from Blue Cross, as medically necessary, before you receive the service, item, treatment, or prescription drug; this is sometimes referred to as pre- service, prior approval, or preauthorization.

A post-service claim is a claim you or your provider submitted for payment for a service or item you think is covered.

Have you already received the service(s)? ☐ Yes ☐ No

Did your claim(s) deny because you or your provider did not get authorization? ☐ Yes ☐ No

Complete this section if you've already received the services:

Provider Name	**Type of Service**
Date(s) of Service	**Total Charge Amount** $

Complete this section if your appeal is about the denial of a prior authorization:

Provider Name	**Name of Ordering Provider**
Type of Service	**Location of Service**

TELL US WHY YOU'RE APPEALING

Your Signature	Date Signed

Mail this completed form to **Blue Cross and Blue Shield of Michigan, 600 E. Lafayette Blvd., M.C. 1620, Detroit, MI 48226-2998, or fax it to 877-522-4767**.

- Attach any documents you'd like BCBSM to consider in support of your appeal (e.g., receipts, medical records, etc.)
- If you would like someone else to communicate with us and act on your behalf regarding this appeal, please complete the Designation of Authorized Representative for Appeal form and attach it to your appeal request.
- All appeal decisions will be sent to you in writing and will include a detailed explanation about the decision. We will respond to your appeal for a post-service claim within 60 days of when we receive your request and within 30 days for a prior authorization claim.