

MEDICAL RECORD CLAIM ATTACHMENT FORM - Instructions and Important Information

The Medical Record Claim Attachment Form is used to submit required documentation for a previously submitted claim or to link required documentation to an electronically submitted original claim.

Only submit medical records or additional documentation specifically requested via a letter, claim denial or as instructed for original electronic claims at Availity Essentials™.

Preferred method for submission using our provider portal, Availity Essentials™. Please log in to our portal (availity.com).

- Instructions for submitting online can be found at availity.com.
- For original electronic claim 837 transaction, the portal will be available the following business day.
- No form is required.

You can also fax or mail your Medical Record Claim Attachment. Select the appropriate button on the form.

- Original electronic claim 837 transaction where we require supporting documentation.
- Review of a previously paid or denied claim that requests Medical Records. Only submit Medical Records if requested.

NOTE: For original electronic claim 837 transaction

- *Successful linkage of documentation to an original electronic claim requires the information match what was sent in the original electronic claim.*
- *Please refer to the Provider Online Manual for the technical 837 transaction field information.*

Instructions for fax or mail submission:

- Please complete the form online and print. Form must not be handwritten.
- The Medical Record Claim Attachment Form must be the first page of your returned documentation.
- You must use a new form for each patient.
- Unless otherwise instructed, do not place medical records for additional claims or dates of service under one Medical Record Claim Attachment Form.
- A paper claim should never be included when using this form to send documentation.

Alternate submission methods

<p>Fax to BCBSM: (100 pages or less)</p> <p style="text-align: center;">1-866-617-9917</p> <p>No cover sheet is required.</p> <p>Do not place multiple medical record responses that are not for the same claim on Medical Record Claim Attachment Form.</p> <p>Note: Do not fax a Medical Record Claim Attachment Form without medical records attached.</p>	<p>Mail to BCBSM:</p> <p style="text-align: center;">Blue Cross Blue Shield of Michigan Attn: Medical Records Dept. MC 0010 600 E. Lafayette Blvd. PO BOX 166 DETROIT, MI 48231-0166</p> <p>Be sure each set of medical records/documentation is preceded by the completed Medical Record Claim Attachment form specific to that patient.</p> <p>Do not place multiple medical record responses that are not for the same claim under one Medical Record Claim Attachment form.</p>
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Blue Cross
Blue Shield
of Michigan

Medical Record Claim Attachment Form

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

MRCA - PWK

Please complete this form online and print.

Red outline denotes field is required for all submissions. For other fields, see the text following the field name for additional information.

Please allow a minimum of 30 days for review of the documentation.

BlueCard® (Only use this form to submit medical records if you received a rejection requesting medical records.)

Previously paid or denied claim

Original electronic claim

Claim Information

Patient first name

Subscriber last name

Contract number

(Must begin with a three character prefix or be an FEP contract number, R with 8 digits)

SCCF number

(Only for BlueCard medical review)

ICN / Claim number

(14 digit ICN required only for previously paid or denied claim)

Date of service

Billing NPI

(required only for original electronic claim)

Patient control number (optional)

Attachment control number

(optional)

Brief reason for review request

Do not attach a copy of the claim form. Send this form with the medical records to:

Submit online: (preferred)

Log in to our provider portal availity.com

(form is not required)

Fax:

1-866-617-9917

100 pages or less to BCBSM Medical Records

Mail: BCBSM

Attn: Imaging & Support Services

600 E. Lafayette Blvd. PO BOX 166

DETROIT, MI 48231-0166