



**Blue Cross  
Blue Shield**  
of Michigan

## **INSTRUCTIONS FOR SUBMITTING THE ATTACHED**

### **SUBSCRIBER APPLICATION FOR PAYMENT**

#### **READ INSTRUCTIONS THOROUGHLY BEFORE COMPLETING THIS FORM**

#### **General Information**

1. Separate all itemized paid receipts according to each eligible family member.

- Fill out a separate claim form for each eligible family member.
- Attach each member's paid receipts to the completed claim form.

Did an insurance other than Medicare make payment (or process) this claim? If so, complete boxes 13 through 16 on the form and attach a copy of the other insurance policy's payment voucher and/or benefit explanation statement.

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2. Each itemized paid receipt must contain this information:

- Name and address of provider (doctor, hospital, institution, person providing the service or supplies).
- Provider's identification number. (Request information from provider)
- Subscriber's I.D. number (alpha prefix and contract number) from the identification card.
- Patient's full name.
- Exact date (month, day, year) each service was performed or was supplied.
- Diagnosis.
- Type of service performed or item supplied (Doctor's Office visits, medical supplies, etc).
- Amount charged for each individual service performed or item supplied.

Cash register receipts, cancelled checks, money order receipts and personal itemizations ARE NOT acceptable.

**MAKE ANY NEEDED COPIES OF THE CLAIM FORM OR RECEIPTS FOR YOUR FILES BEFORE SUBMITTING THE ORIGINALS. ALL MATERIALS SUBMITTED WILL BE RETAINED FOR OUR FILES.**

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3. Medicare: If the patient is eligible for Medicare Benefits, be sure you include the Explanation of Medicare Benefits Form (EOMB) that was sent to the patient explaining the charges paid or not paid by Medicare.

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4. Please complete the top portion of the claim form above the BLUE border only. PLEASE TYPE OR PRINT CLEARLY IN THE SPACES PROVIDED.

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5. Please continue to submit your claims and paid receipts for benefits to us throughout the year as the services occur. In this way, we can provide you with the best possible service.

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6. After filling out your claim form, detach this instruction sheet along the perforated lines. Attach all itemized paid receipts and any information requested above to the claim form and mail to:

**Blue Cross Blue Shield of Michigan  
600 Lafayette East, B321  
Detroit, Michigan 48226-2998**

**PLEASE CONTACT YOUR LOCAL CUSTOMER SERVICE OFFICE FOR ADDITIONAL FORMS**