



I paid out of pocket and am requesting reimbursement for medical services.

Please fully complete the form, printing clearly, sign and date.

- If submitting claims for more than one family member, complete a new form for each person.
- Submit an itemized statement for each medical expense, including:
 - Name of Patient
 - Who provided the service (doctor or facility name), phone number, tax ID and NPI
 - Diagnosis code and procedure code (description of service)
 - Date(s) of service
 - Amount charged for each service
 - Proof of payment

Section 1 - Member Information		
Enrollee ID (on your member ID card)	Enrollee Name	
Patient name		Patient date of birth
Address	City	State/ZIP code
Section 2 - Comments		
Description/explanation of claim:		
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 - G802 Blue Care Network P.O. Box 68767 Grand Rapids, MI 49516-8767		Questions? Call Customer Service 1-800-662-6667 1-800-257-9980 (TTY users) 8 a.m. to 5:30 p.m. Monday through Friday
<p>Please keep a copy of all documents you send us. Allow 30 days for processing</p>		

Usually, we handle your provider claims without you having to do anything. But, sometimes you have to pay the provider yourself. This is how you would request your money back for a service you paid for. Send the provider's statement and a copy of your paid receipt (if paid using personal check, please provide copies of front and back of the check) 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.

If you are submitting a request for reimbursement and another health plan has already paid a portion of the service, attach a copy of the explanation of benefits (EOB) you received from the other plan.