



Blue Cross Blue Shield of Michigan contracts with the federal government and is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

**BCBSM Medicare Advantage
Reimbursement request for charts supplied to MedAssurant™**

FAX your request for reimbursement to BCBSM at 1-800-431-9451

Date reimbursement request FAXED to BCBSM: _____

Please include:

- This completed cover sheet
- Chart pull list supplied by MedAssurant

Note: BCBSM only reimburses for BCBSM Medicare Plus Blue PFFSSM and PPOSM individual members and BCBSM Medicare Plus Blue Group PFFSSM and Group PPOSM members. Requests for Blue Care Network members are not reimbursable due to established contractual arrangements.

Date of MedAssurant review:		
Site ID:		
Contact person (name and phone):		
Number of BCBSM Medicare Plus Blue members identified for review:		
Records requested were pulled and:		<input type="checkbox"/> Faxed or mailed to MedAssurant <input type="checkbox"/> Onsite review <input type="checkbox"/> Other (electronic access or CD)
Check should be issued to: (Please supply complete name and address)		

To be completed by BCBSM:

Date payment mailed:		
Check number:		
Number of charts being reimbursed:		
Note (if any):		