



Emergency Care Expenses Claim Reimbursement

Use this form to get reimbursed for out-of-pocket medical expenses from an emergency visit outside of our service area. If you have questions, call Customer Service at 1-800-228-8554, 24 hours a day, seven days a week (TTY: 1-888-987-5832).

Please note: Blue Cross Complete of Michigan doesn't provide reimbursement for services outside of the United States.

Instructions:

- **Complete and sign one form** for each visit. This may include the doctor's charges, labs, X-rays or other services during the visit.
- **Enclose receipts and billing statements** from your doctors. These must be included.
- **Include a copy of your canceled check or credit card receipt.** If you include a check, you must include a copy of both the front and back of the check.
- **Mail the form, receipts, statements and proof of payment to:**
Member Engagement
Blue Cross Complete
4000 Town Center, Ste. 1300
Southfield, MI 48075

For your records: Please keep a copy of everything you send us.

Healthy Michigan Plan members: Blue Cross Complete does not reimburse copays.

Member information			
Member name		Date of birth MM/DD/YYYY	
Enrollee ID		Medicaid ID	
Address			
City		State	ZIP
Phone (home)		Phone (cell)	

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Provider and billing information			
Hospital name		Doctor name	
Address		Address	
Phone		Phone	
Services		Services	
Date of service MM/DD/YYYY		Date of service MM/DD/YYYY	
Total bill amount \$	Total amount paid \$	Total bill amount \$	Total amount paid \$
To ask for reimbursement of more than two services for this visit, write the information on a separate piece of paper and include it with this form.			
Additional information			
1. Was this an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Did you tell your Blue Cross Complete primary care doctor about this emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)			
3. Did your primary care doctor refer you for this service? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)			
Explain:			
Attestation			
I attest that the information I provided on and with this form is correct.			
Member name			
Member signature		Date MM/DD/YYYY	

Please reference your member handbook for coverage criteria.

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Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: **1-888-987-5832**).

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- **Blue Cross Complete of Michigan Member Grievances**
P.O. Box 41789
North Charleston, SC 29423
1-800-228-8554
(TDD/TTY: **1-888-987-5832**)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
(TDD/TTY: **1-800-537-7697**)

Complaint forms are available at:
hhs.gov/ocr/office/file/index.html.

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mibluecrosscomplete.com

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Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you.

Call **1-800-228-8554**
(TTY: 1-888-987-5832).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554** (TTY: 1-888-987-5832).

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-228-8554** (TTY: 1-888-987-5832).

Chinese Mandarin: 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: **1-800-228-8554** (TTY: 1-888-987-5832)。

Chinese Cantonese: 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電 **1-800-228-8554** (TTY: 1-888-987-5832)。

Syriac:

ܡܠܚܘܙܬܐ: ܐܝܦܢ ܘܢܗܘܘܩܘܠܠܐ ܕܠܘܒܐܢܐܝܬܐ ܕܩܘܪܝܢܐܝܬܐ ܕܩܘܪܝܢܐܝܬܐ ܕܠܘܒܐܢܐܝܬܐ ܕܩܘܪܝܢܐܝܬܐ ܕܩܘܪܝܢܐܝܬܐ ܕܩܘܪܝܢܐܝܬܐ. ܥܩܪܘ ܥܠ ܩܘܪܝܢܐܝܬܐ **1-800-228-8554** (TTY: 1-888-987-5832).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-228-8554** (TTY: 1-888-987-5832).

Albanian: VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554** (TTY: 1-888-987-5832).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-228-8554** (TTY: 1-888-987-5832) 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুন: যদি আপনি বাংলায় কথা বলেন, তাহলে নিঃখরচায় ভাষা সহায়তা পেতে পারেন। **1-800-228-8554** (TTY: 1-888-987-5832) নম্বরে ফোন করুন।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554** (TTY: 1-888-987-5832).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554** (TTY: 1-888-987-5832).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554** (TTY: 1-888-987-5832).

Japanese: 注意事項: 日本語を話される場合、無料の通訳サービスをご利用いただけます。 **1-800-228-8554** (TTY: 1-888-987-5832) まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554** (TTY: 1-888-987-5832).

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-228-8554** (TTY: 1-888-987-5832).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554** (TTY: 1-888-987-5832).

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