



## 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 Claim Reimbursement  
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, sex, age, or disability in health programs or activities. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

Blue Cross Complete of Michigan:

- Provides free (no cost) reasonable modifications and appropriate auxiliary aids and services for individuals with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters; and,
  - 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; and,
  - 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, sex, age, or disability, you can file a grievance with:

- **Blue Cross Complete of Michigan**  
**Attn: Civil Rights Coordinator**  
P.O. Box 41789  
North Charleston, SC 29423  
**1-800-228-8554**  
**(TDD/TTY: 1-888-987-5832)**  
**[grievance@mibluecrosscomplete.com](mailto:grievance@mibluecrosscomplete.com)**
- If you need help filing a grievance, Blue Cross Complete of Michigan Civil Rights Coordinator 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](https://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](https://hhs.gov/ocr/office/file/index.html)**.

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**[mibluecrosscomplete.com](https://mibluecrosscomplete.com)**

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