



## **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			of birth //M/DD/YYYY	
Enrollee ID	Medicaid ID			
Address				
City	S	State	ZIP	
Phone (home)	Phone (cell)			

Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.





Provider and billing information					
Hospital name		Doctor name			
Address		Address			
Phone		Phone			
Services		Services			
Date of service MM/DD/YYYY		Date of service			
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?					
<ol> <li>Did you tell your Blue Cross Complete primary care doctor about this emergency?</li> <li>Yes No (explain below)</li> </ol>					
3. Did your primary care doctor refer you for this service? ☐ Yes ☐ 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
- 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**, 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**.

#### 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 8554-858-228-1-200. (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:

رخة مَامَة حَلَيْكَ جَمْ مُعِيْعِيْهُ لَهُ مَامُةَ مَامُ مَامُونَ لِكُنَّهُ مُونِوْلُهُ مِنْ مَامُ مَامُ مَامُ خيديمبره. مامُ خِلْ چينكم 8554-880-1-800-228-8554 (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 নিঃথরচায় 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)**.