Blue Cross Blue Shield of Michigan

Office of the General Counsel
Subrogation Department
232 S. Capitol Ave., L09A
Lansing, Michigan 48933-1504
(517) 325-4658
FAX No. (877) 257-2012
E-mail: SubrogationUnit@bcbsm.com

BCBSM SUBROGATION QUESTIONNAIRE

FAX COMPLETED FORM TO 877-257-2012 or MAIL TO ADDRESS ABOVE

Date	Patient Name	Date of Birth
Contract # (9 digit number on BCBSM card)	Spouse (if on BCBSM policy)	
BCBSM policy holder's name (if different from the patient's name)		Date of Birth
Your phone number		

Type of case (select one)

☐ Personal Injury ☐ Product liability ☐ Medical malpractice ☐ Workers' compensation

☐ Motor vehicle accident In what state did it occur? _____ In what state does the liable party live? _____

☐ Motorcycle accident Was a vehicle involved? Yes ☐ No ☐

☐ Other _____

Court or workers comp bureau, if known	
Date of injury	Type of injury/area of body injured
NOTES:	

Attorney name (if you've hired one)			
Attorney law firm name			
Attorney street address	City	State	Zip code
Attorney phone number	Attorney fax number		

Insurance company name			
Insurance adjuster name	Insurance claim number		
Insurance company street address	City	State	Zip code
Insurance adjuster phone number	Insurance adjuster fax number		
Date and type of next scheduled hearing date			

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