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 UNIT QUESTIONNAIRE

FAX COMPLETED FORM TO 877-257-2012

Date	Client's 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 client's name)		Date of Birth
Client's phone number		

Type of case (select one)

☐ Personal Injury ☐ Product liability ☐ Medical malpractice ☐ Workers' compensation (Please fax the application if in Michigan)

☐ 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 _____

Venue/Jurisdiction of cause of action	
Date of injury	Type of injury/area of body injured
NOTES:	

Attorney name			
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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