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Blue Cross Blue Shield of Michigan Request for Preauthorization Form

Most preauthorization requests can be resolved by contacting Provider Relations and Servicing, or PRS, and requesting member benefits. However, if you would like to submit a request for preauthorization after contacting PRS, you may submit a written request by completing this form. Include any documents to support your request, send a copy of your documents and keep all originals. Please only submit one preauthorization per form.

- Urgent Request
 Non-urgent Request

Only life-threatening situations will be considered for urgent requests.

Provider Information			
Provider's Name		Requesting Provider NPI/PIN	Provider Telephone Number
Address	City	State	Zip Code
Contact Name		Contact Telephone Number	Contact Fax Number

Enrollee/Patient Information			
Enrollee's Name	Date of Birth	Enrollee ID	Group Number
Patient's Name		Patient's Date of Birth	Daytime Telephone Number
Address	City	State	Zip Code

Preauthorization Section	
Procedure/HCPCS Codes	ICD-10 Diagnosis Codes
Preauthorization Description	

Fax: 1-866-311-9603
 Provider Inquiry, Preapproval – Mail Code 0450
 Blue Cross Blue Shield of Michigan
 P.O. Box 2227
 Detroit, MI 48231-2227