*Patient Letter/Postcard Template*

**Patient letters should be sent to: Blue Cross Blue Shield of Michigan**

* Via the BCBSM Patient Portal at bcbsm.com
* Via paper mail

Attn: Customer Service – Policy Feedback

600 E. Lafayette Blvd.

Detroit, MI 48226

**Support My Access to Care: Restore Fair Chiropractic Coverage**

To Whom It May Concern,

I am a Blue Cross Blue Shield of Michigan member and a patient who relies on regular chiropractic care to manage my health. I was disappointed to learn that BCBSM recently implemented a reimbursement policy that cuts payments to in-network providers when multiple therapies are used during the same visit.

While my policy says these services are covered, this new policy makes it harder for my provider to continue offering them. That could mean fewer treatment options, reduced clinic hours, or even providers leaving the network altogether.

I value my provider’s care and want to ensure it remains available and accessible. Please reconsider this policy and protect my ability to receive the care I’m paying for.

Sincerely,
**[Patient Name (optional)]**
**[City, ZIP]**