

Blue Cross and Blue Shield of Illinois IVR Benefit Collection Sheet

The following information is necessary to navigate through our IVR

NPI # or Federal Tax ID#		Name of Patient	
Patient ID #		Type of Service	
Patient Group #		Place of Treatment	
Patient Date of Birth		Date of Call	

The below boxes are in the order the IVR will give the information

Patient Effective Date	
Pre-existing Waiting Period	
Alpha Prefix	
Co-Pay	
	<small>Circle one</small>
Individual Deductible	Calendar Year
Individual Deductible Met	
	or
Family Deductible	Contract Year
Family Deductible Met	
Payable Amount (Coinsurance)	
Individual Out of Pocket	Includes Deductible
Individual Out of Pocket Met	
	or
Family Out of Pocket	Excludes Deductible
Family Out of Pocket Met	
Individual Maximum	
Individual Maximum Met	
Lifetime Maximum	
Lifetime Maximum Met	
Timely Filing	
(if applicable) Prenotification	
Confirmation Number	

Notes

If you need assistance in navigating the IVR, please visit us on our website
http://www.bcbsil.com/provider/ptc_phone_nav_guide.htm

Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefits are subject to eligibility, medical necessity, and the terms, conditions, limitations and exclusions of the patient's health benefit plan at the time the services are rendered. Please note newborn dependents not listed on the membership file may have benefits available.