## Blue Cross Blue Shield of IL ~ Automated Inquiry System Phone Guide ~ Out of State Providers and IL Providers without an IL Provider Number

## Free Standing Sleep Disorder Center www.bcbsil.com/provider

Call 1-800-676-2583 Press 5 Say Aloud the 3-alpha prefix You will then be transferred to our Automated Inquiry System. After listening to "Thank you for calling the **BCBSIL** Provider Telecommunication Center" Press 1=Medical Services Press 2=IL Provider without an IL provider number Press 3=Out of State Provider Enter your federal tax identification number followed by the pound sign Press 3=Benefit Information Press 1=Benefits Press 1=Professional Provider Press 1=In-Network Press 2=Out-Of-Network Press 3=Non-Solicited Press 2=Clinic

Press 6, 6, 6, 1=Mixed Specialties Group

If you would like to save this profile to help expedite future calls.

Press 1=Yes

Enter the numeric portion of the member's identification number followed by the pound sign

Eligibility data will be verified ~ effective date, pre-existing date (if applicable), 3-alpha prefix, group number, family or single coverage.

Press option to identify patient (if needed)

Press 1=To repeat eligibility

Press 2=To receive detailed benefits

Press 2=Outpatient

Press 2=Diagnostic (Sleep Study)

After receiving the benefit quote, the Automated Inquiry System will give you a confirmation number for your records. If additional information is needed that was not included in the benefits quote, please press "0", after the confirmation number, to speak with one of our Customer Advocates. This option is only available after you have obtained a complete benefit quote, including the confirmation number.

\*\*\*Please visit our website for additional information at www.bcbsil.com/provider.

Please call us at 618-998-2716, if you have any difficulties using this guide.

Thank You – Provider Education Specialists

Rev. 1/07

## \*Use this guide after you have saved your provider profile with the first guide

Blue Cross Blue Shield of IL

Out of State Providers and/or IL Providers w/o an IL Provider Number

## Free Standing Sleep Disorder Clinic

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Press 1=Medical Services

Press 2=IL Provider without an IL provider number

Press 3=Out of State Provider

Enter your federal tax identification number followed by the pound sign

Press 3=Benefit Information

Press 1=Benefits

Based on your tax identification Number, we have determined that you are a Free Standing Sleep Disorder Clinic

Press 1=If this is correct

Press 1=In-Network
Press 2=Out-Of-Network
Press 3=Non-Solicited

Enter the numeric portion of the member's identification number followed by the pound sign

Eligibility data will be verified ~ effective date, pre-existing date (if applicable), 3-alpha prefix, group number, family or single coverage.
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