BlueCross BlueShield of Illinois

Interactive Voice Response System - Illinois Provider

ECF-SNF

www.bcbsil.com/provider

Call 1-800-972-8088

Welcome to the BlueCross BlueShield of IL Provider Services Line. To direct your call, please say: **Medical or press 1**

State or enter:
Your 10 Digit billing National Provider ID (NPI)

State: **Eligibility and Benefits press 1**

State or enter: **"Numeric portion of the Member's Identification Number"**

System will repeat the numeric portion of the Member's Identification Number to see if it is correct.
State: **Yes or press 1** (if it is correct)
State: **No or press 2** (if incorrect - state the correct Member's Identification Number)
****If the member has multiple policies under the same Member's ID Number, the system will ask for the Group Number.*

State or enter: **Patient's Date of Birth**
For example**: say August 13, 1968 or enter mm/dd/yyyy**

System will give you the patient's name and will ask if this is correct.
State: **Yes or press 1** (if it is correct)
State: **No or press 2** (if incorrect – state the patient's correct date of birth)

Eligibility data will be verified ~ Type of policy, effective date, pre-existing date (if applicable) 3-alpha prefix, group number.
System will give you a **Confirmation Number** for your records.

State: **Benefit Details or press 2**

If the provider has multiple offices, the system will ask for the zip code where services are being rendered.

Please state type of service:
Extended Care Facility

Please state where services are being rendered.
For example:
Office, Outpatient, Inpatient, Emergency Room, Home, Birthing Center or other

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association